

Music after War: Therapeutic Music Programmes in Bosnia and Herzegovina

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Abstract

This thesis is a study of therapeutic music programmes in post-war Bosnia and Herzegovina. This study focuses on how different participant groups perceive programme aims and benefits and what these different perceptions reveal about the programmes as well as ways in which the local context impacts the programmes. Analysis is based on data gathered through interviews, observation, participant observation, and questionnaires obtained during five fieldwork visits undertaken between November 2003 and November 2004.

While all participant groups agree that the programmes are beneficial, there are important differences in the ways different participant groups perceive programme benefits and the different ways in which the programmes approach sessions. Constructions of therapy appear to differ both between programmes and between international and local staff.

All participant groups identified improved client communication and social skills as primary session outcomes. Clients appear to be largely unaware of the therapeutic aims of their sessions. Parents appear to have little influence and are not always notified that their children are involved with the programmes. International staff members appear to be intolerant of parents who do not heed their advice or reinforce progress made during sessions.

In addition to running therapeutic sessions, these programmes work to increase inter-ethnic tolerance and to improve the skills of other local professionals. Programme success appears to be hindered by uncertainties inherent in working in a post-war environment. Developed and largely influenced by internationals, the programmes also face uncertainty as to whether they possess the necessary local leadership and ownership for long-term sustainability.

There is evidence that tensions within, between, and outwith the programmes limit programme potential. Many of these tensions appear to be tied to local-international relations within programmes, which are exacerbated by national local-international tensions. A funding shortage has contributed to a competitive rather than a cooperative relationship between programmes.

As the first detailed study of post-war therapeutic music programmes, this study has the potential to impact similar work in other regions and provides a more informed backdrop against which judgments can be made regarding the role and appropriateness of music as a form of therapy in post-war regions.

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Declaration

I declare that this thesis was composed by myself, that the work contained herein is my own except where explicitly stated otherwise in the text, and that this work has not been submitted for any other degree or professional qualification except as specified.

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To Mykel

Table of Contents

1	Introduction	1
1.1	Study aims	2
1.2	Conducting the study	3
1.2.1	Selecting the research location	3
1.2.2	Programmes studied	4
1.2.3	Gathering data	8
1.3	Thesis structure	8
2	Literature Review	11
2.1	The historical use of music as therapy	12
2.2	Theories behind music therapy	13
2.2.1	Non-verbal communication	14
2.2.2	A communicative relationship	15
2.2.3	Identity construction	16
2.2.4	Self-expression	16
2.2.5	Hope	17
2.2.6	A space for childhood	17
2.2.7	Rebuilding relationships	18
2.3	Effects of music therapy on clients	18
2.3.1	Music therapy with children	19
2.3.2	Music therapy and disability	21
2.3.3	Music therapy and trauma	22
2.4	Assumptions behind music therapy	23
2.5	Problems with the use of music as therapy	24
2.6	Summary	26

3	Methodology and Methods	29
3.1	Using multiple methods	29
3.1.1	Observation and participant observation	31
3.1.2	Interviews	35
3.1.3	Questionnaires	39
3.1.4	Problems with a mixed-methods approach	42
3.2	Conducting research in a post-war environment	44
3.3	Conducting research with children	45
3.4	Data collection	46
3.4.1	Field visits	46
3.4.2	Sample recruitment	49
3.4.3	Data gathered	50
3.5	Analysis	55
3.6	Possible benefits of research for participants	56
3.7	Reporting results	56
3.8	Discussion	58
4	Research Reflections	59
4.1	Values and bias	59
4.2	Cultural divides	62
4.3	Language	64
4.4	Negotiating methods with participants	66
4.5	Levels of cooperation	68
4.6	Lack of organisation	72
4.7	Ethical issues	72
4.7.1	Foreign status	73
4.7.2	Informed consent	73
4.7.3	Programme restriction of access to clients	76
4.7.4	Working with competing programmes	77
4.8	Providing feedback	78
4.9	Discussion	80
5	Cultural and Historical Context	83
5.1	Geography	83
5.2	Bosnia and Herzegovina and the 1992-96 war	86
5.2.1	The Dayton Accord	88

5.3	Living in Bosnia and Herzegovina today	89
5.3.1	Perceptions and attitudes towards the 1992–96 War	89
5.3.2	Economic difficulties	90
5.3.3	Battle scars	91
5.3.4	The slow march of progress	93
5.4	The future of Bosnia and Herzegovina	95
5.5	Conclusion	97
6	The Therapeutic Process	99
6.1	Comparison of methods	99
6.1.1	Western music therapy	101
6.1.2	Therapeutic community music	103
6.1.3	Discussion	104
6.2	Selecting clients	106
6.3	Running therapy sessions	109
6.4	Using translators	112
6.4.1	Assisting the therapist	113
6.4.2	Changing session dynamics	114
6.4.3	Balancing relations with clients	116
6.4.4	Vulnerability	117
6.5	Music as therapy in Bosnia and Herzegovina	118
6.6	Staff perceptions of the therapeutic value of music	121
6.6.1	Not enough services	121
6.6.2	An everyday tool	122
6.6.3	A non-verbal therapy	122
6.6.4	A safe space	124
6.6.5	Engages groups	124
6.6.6	‘Good’ and ‘unique’	125
6.6.7	Not the only effective therapy	126
6.7	Discussion	127
7	Perceptions of Therapy	131
7.1	Client perceptions	131
7.1.1	No awareness of therapy	131
7.1.2	Education	132
7.1.3	Self-expression	133

7.1.4	Enjoyment of sessions	133
7.1.5	'It's on the timetable'	134
7.1.6	Group management	134
7.1.7	Summary of client perceptions	135
7.2	Parent and carer perceptions	135
7.2.1	Appreciation	136
7.2.2	Relaxation and coordination	136
7.2.3	Developing musical skills	137
7.2.4	Treatment for clinical symptoms	137
7.2.5	Enjoyment of sessions	138
7.2.6	Differing emphases	138
7.3	Staff perceptions of therapy reception	140
7.3.1	Last resort	140
7.3.2	Not just fun and games	141
7.3.3	A sense of belonging	143
7.3.4	Someone to talk to	144
7.3.5	No awareness of therapy	145
7.3.6	Enjoyment of sessions	148
7.4	Discussion	149
8	Community and Communication	153
8.1	Effects on individual clients	153
8.1.1	Communication and self-expression	154
8.1.2	Positive interactions	155
8.1.3	It takes time	157
8.2	Community effects	159
8.2.1	Strengthening the knowledge base of local professionals	160
8.2.2	Building inter-ethnic tolerance	161
8.2.3	Public recognition	163
8.3	Areas for programme improvement	164
8.3.1	Programme expansion	165
8.3.2	Community education	166
8.3.3	Communication with parents and carers	167
8.4	Discussion	170

9	An Undefined Future: Programme and Local Uncertainties	173
9.1	Uncertain funding	174
9.2	Uncertain ownership	177
9.3	Uncertain futures	181
9.3.1	Coping with stress	183
9.4	Altruism and pragmatism	184
9.5	Shifting programme definitions	185
9.6	Discussion	188
10	Programme and Community Tensions	191
10.1	Inter-programme competition	191
10.1.1	Funding-related competition	192
10.1.2	Territorial competition	193
10.1.3	Competition based on old conflicts	195
10.1.4	Summary	197
10.2	Internal tension	197
10.3	Local-international divisions	200
10.3.1	Problems with international staff	201
10.3.2	Suspecting international motives	203
10.3.3	International ownership	204
10.3.4	Collaboration	206
10.3.5	Ties to national local-international tensions	206
10.4	Diversity and division	208
10.5	Discussion	208
11	Discussion	211
11.1	East meeting West	211
11.1.1	Western and non-Western approaches to therapy	212
11.1.2	Western intervention	213
11.1.3	Local-international relations: dependency and tension	214
11.1.4	Embeddedness of programmes in local circumstances	214
11.2	Constructions of therapy	215
11.2.1	What makes a music programme therapeutic?	215
11.2.2	The naïve client	216
11.2.3	Concepts of parents and their role	217
11.2.4	Therapy for war traumatised children	218

11.3 Professional identity	220
11.3.1 Delineating boundaries	220
11.3.2 Professional-lay relations	222
11.3.3 Staff motivations	223
11.4 Summary	224
12 Conclusions, Implications, Limitations, and Further Work	227
12.1 Conclusions	227
12.1.1 Differing perceptions	228
12.1.2 Programme effects	228
12.1.3 Programme improvement	229
12.1.4 Uncertainty	229
12.1.5 Tension	230
12.1.6 The importance of mixed methods	230
12.2 Implications	231
12.3 Limitations	232
12.4 Further work	233
A Research Participants	237
A.1 Programme A staff	237
A.2 Programme B staff	237
A.3 Programme C staff	238
A.4 Non-programme informants	239
B Questionnaire and Interview Questions	241
B.1 Programme A self-designed questionnaire	241
B.2 Interview schedule	242
B.2.1 Questions for music therapists and assistants	242
B.2.2 Questions for therapeutic community music staff	243
B.3 Parent/carer questionnaire	243
B.4 Client questionnaire	244
B.4.1 Simplified client questionnaire	244
C Programme A: Effects on Clients Based on Symptoms	245
D Programme C Sample Assessment Form	247

E	A Brief History of Bosnia and Herzegovina	261
E.1	Bosnia and Herzegovina in the Middle Ages	261
E.2	Bosnia and Herzegovina under Ottoman rule, 1400s–1878	262
E.3	Bosnia and Herzegovina under Habsburg rule, 1878–1918	264
E.4	Bosnia and Herzegovina and World War I, 1914–1918	264
E.5	Royal Yugoslavia, 1918–41	265
E.6	World War II: The Independent State of Croatia, 1941–45	265
E.7	Socialist Yugoslavia, 1945–91	266
E.8	Disintegration of Socialist Yugoslavia	266
E.9	Republic of Bosnia and Herzegovina, 1991–?	268
F	Bosnia and Herzegovina: Time-line of Events	269
	Bibliography	273

Chapter 1

Introduction

This thesis explores music programmes designed to provide therapy for war trauma in Bosnia and Herzegovina. This study focuses on how different participant groups perceive programme aims and benefits and what these different perceptions reveal about the programmes as well as ways in which the local context impacts the programmes. This study is important because there has been little research on these programmes, and similar programmes have since emerged in other post-war regions of the world. This study shows that these programmes are complex, providing a range of services within and outside of therapeutic music sessions. The programmes are affected by many factors, including international-local relations, different constructions of therapy, professionalisation, and embedded tensions and conflicts.

The variety of participant sources and methods used in this study provide a rich understanding of the therapeutic music programmes, encompassing the perspectives of clients, parents, and carers as well as programme staff. My analysis of findings was informed by literature on therapeutic music practices, professionalisation, non-governmental organisations, and foreign aid. This thesis also incorporates primary and secondary historical accounts of Bosnia and Herzegovina in places where it is useful in understanding the cultural and historical context of the programmes.

My exploration of therapeutic music programmes is influenced by my own background as a musician and as an educator. Being a musician helped me gain access to the programmes, and being a trained educator helped me gain credibility, especially from one programme where many members of staff were trained educators. My experience living overseas in both Western and developing countries contributed to my understanding of local-international relations and enabled me to adapt quickly to my new surroundings.

This chapter introduces my thesis. Study aims are first detailed, followed by a brief introduction to the manner in which this study was conducted. My selection of Mostar as a research location is explained, followed by details of the programmes studied and the manner in which data were collected. The final section of this chapter outlines my thesis structure.

1.1 Study aims

This study examines and compares the structure, style, and perceived impact of three different programmes practicing therapeutic music in Mostar, Bosnia and Herzegovina. Without providing an evaluation of programme effectiveness, this study uses the perceptions of programme staff, parents, clients, and carers as well as my own observations to identify similarities and differences between the three programmes across a number of themes and dimensions.

Within this overarching aim, this study originally had three specific objectives:

- *To explore how programme staff conceive of the therapeutic process.* The purpose of this area of exploration was to understand what staff believe their programme achieves and how they think this is accomplished.
- *To examine how staff perceptions of therapy sessions compare and contrast with those of clients, parents and carers.* Perceptions were compared as a way of assessing whether the programmes were achieving what staff believed they were achieving and why perceptions might be different.
- *To identify the perceived effects of the programmes as described by staff, clients, parents, carers, and as observed by myself.* The main effects of the programmes as described by all participant groups were explored and linked to the diverse constructions of music as therapy.

Two further objectives were added during fieldwork in response to observations and data gathered:

- *To identify how uncertainties within the programmes and the local environment impact the programmes.* Staff members of the three programmes identified uncertainties which led me to focus on this theme during fieldwork and analysis.

- *To examine the impact of tensions within the community and programmes.* While conducting field visits I observed that tension was a common theme within all three therapeutic music programmes being studied. I decided to examine these tensions and their impact on the programmes.

While I had originally envisioned the study as focusing solely on the internal workings of the programmes, it became clear during fieldwork that the programmes could only be understood within the local context. The two objectives I added after the start of fieldwork make the context within which these programmes operate a focus of the study.

1.2 Conducting the study

This section briefly outlines how the study was conducted. First, this section explains the rationale for my selection of Mostar, Bosnia and Herzegovina as the research location. Second, this section briefly introduces the programmes studied. Finally, this section describes the process of data collection in this study.

1.2.1 Selecting the research location

Bosnia and Herzegovina is an ideal site for this research because it is where music as a form of therapy for war trauma was initially pioneered. I had access to the therapeutic music programmes in Bosnia and Herzegovina because music students from my university collaborated with these programmes in the past. Bosnia and Herzegovina is also a relatively safe and stable research site. Other locations where music is currently being used as therapy for war trauma (e.g. Israel/Palestine, Chechnya, and Kosovo) continue to suffer from bouts of violence.

Within Bosnia and Herzegovina, I selected Mostar as the city in which to conduct my research because it housed the headquarters of programmes running both community-based and Western music therapy-based work, the two known types of therapeutic music currently being used in post-war regions. Having both kinds of therapeutic approaches practiced in the same city makes a comparative study much more practical and allows for the exploration of different constructions of music as therapy within and between programmes. No other city in the country houses programmes practicing both types of therapeutic music within its borders. Mostar is also a rela-

	Programme A	Programme B	Programme C
Year started	1998	1995	2001
Western music therapy	✓		✓
Therapeutic community music		✓	✓
Uses translators	✓		✓
All-local staff		✓	
Individual sessions	✓		✓
Group sessions	✓	✓	✓

Table 1.1: Details by programme of data collected for this study.

tively small and therefore easily navigable city, making it easy for me to get to know the local cultures firsthand.

Mostar functioned as my home base during data collection, but fieldwork was carried out throughout Bosnia and Herzegovina because all three programmes studied conduct workshops throughout the country. Much of my observation was done outside of Mostar, travelling with the staff of two of the three programmes in the study. I observed workshops conducted by these two programmes with the three main ethnic groups of Bosnia and Herzegovina (Serb/Orthodox, Croat/Catholic, and Bosniak/Muslim). It was important to observe work with all three groups since ethnic tensions remain a very salient theme in Bosnia and Herzegovina, as discussed later in this thesis. I was also able to observe work being done with refugees (primarily from Kosovo) at a nearby refugee camp. Ethical approval to conduct research with this population was sought and received from the local branch of the United Nations High Commissioner for Refugees (UNHCR).

1.2.2 Programmes studied

This section provides an overview of the three programmes studied (referred to as Programme A, Programme B and Programme C) with the intent of providing vital background information for subsequent chapters. Table 1.1 summarises the key features of the three programmes. Appendix A provides a reference list of staff of all three programmes with the pseudonyms used in this study.

Programme B is the oldest of the three programmes, existing as Beta from 1995–2003 and then as Programme B from the autumn of 2003 onwards.¹ Programme A

¹While Beta and Programme B are technically two different groups, Beta folded as a group when

started in 1998, although some work was done unofficially beginning in 1997. Programme C started in a neighbouring town in 2001, and did not move its programme base to Mostar until 2004, halfway through the fieldwork for this research project.

These three programmes use two different methods to deliver therapy, which are referred to within this thesis as Western music therapy and therapeutic community music. Western music therapy employs clinically trained music therapists to deliver music therapy sessions to individuals and small groups. Therapeutic community music employs local musicians and educators to deliver therapeutic music sessions (which have therapeutic aims but may also have educational aims) to groups. Definitions of these methods within the therapeutic music community may vary, as is discussed in Section 6.1 alongside a more detailed description of these methods as they are used by the programmes in this study. Programme A uses the Western music therapy method. Programme B uses the therapeutic community music method. Programme C uses both the Western music therapy and the therapeutic community music methods, while also employing a social worker, psychologist, and other staff to meet client needs that cannot be met through music sessions. Details of the services and staff of all three programmes are provided below.

All three programmes work primarily with young clients. Besides trauma, young clients may have physical disabilities, learning disabilities, or psychiatric problems. All three programmes also conduct sessions with adult clients. All adult clients suffer from psychiatric problems. Group sessions at institutions may include clients spanning a wide age range. One group session I observed run by Programme B at a psychiatric institution included clients as young as 10 years old and as old as 65 or 70 years old.

Programme A

Programme services. Programme A follows a traditional Western music therapy design, with therapy clients referred by schools, doctors, social workers, psychologists, speech therapists, or inquiries made by parents or carers. Therapy sessions are run one-to-one or in small groups. Most individual therapy sessions normally take place at the music centre where Programme A is based, while programme staff travel to schools, refugee camps, and institutions throughout Bosnia and Herzegovina to provide group and a few individual therapy sessions. Outside locations for therapy appear to be selected according to perceived need and the availability of funding. In addition

Programme B opened, and Programme B incorporated Beta's staff, activities, clientele and physical resources.

to their therapy services, Programme A provides training workshops for other local professionals, including staff members of Programme B. With the exception of these training workshops, which have an educational focus, all of Programme A's sessions are specifically focused on providing a therapeutic outcome.

Programme staff. Staff of Programme A fluctuated during my fieldwork but always consisted of one international therapist who served as head of the department, a second international therapist or intern, two to three assistants/translators (three at the beginning cut down to two at the end of fieldwork), and two local interns (one of whom achieved full therapist status during fieldwork). Programme A experienced the highest turnover rate for staff, especially international staff. During the 13 months covered by my fieldwork, two international therapists left and one international therapist and one international intern arrived. There was only one change in local staff: the departure of one of the assistants/translators, who was not replaced.²

Music therapists are formally trained and credentialed. As there is no local music therapy training programme and music therapy is not currently a recognised profession in Bosnia and Herzegovina, most music therapists are internationals. Programme A's local interns were trained overseas. Local translators are employed to bridge the linguistic and cultural gap between international therapists and local clients.

Programme B

Programme services. While Programme B's main focus has historically been work in mainstream classrooms with children aged seven to eleven, the programme runs a number of additional programmes. One of the group's first projects (since abandoned) was a School of Rock where Beta staff taught teenagers the basic musical skills needed to form a rock band. Another project that continues to run on a yearly basis is Programme B's summer street festival, in which the programme travels to nearby towns and puts on a day-long creative festival. Programme B has recently extended their mainstream classroom workshops to include special needs classes and specialised institutions, including a school for the blind and a psychiatric institution. During fieldwork for this study, the programme also began to run training workshops for teachers.

Programme B was originally located in the same music centre as Programme A, but left due to funding issues. While based in the music centre, Programme B pro-

²This third assistant is not listed in Appendix A as he left the programme before formal data gathering began and was never interviewed for this study.

vided some in-house services, but since leaving the music centre Programme B travels to other locations to provide services. Programme B only provides group sessions, with no work on an individual basis. While Programme B believes that their sessions provide therapeutic benefits, their sessions often focus on educational and (for multi-ethnic sessions) reconciliatory aims.

Programme staff. Programme B consists of two programme co-directors and eleven other members of staff. Staff members are a mix of formally trained and amateur musicians as well as a few trained educators. Some of the staff members with backgrounds in education are more comfortable with sports and art than music, and so have begun to incorporate more sports and art into Programme B's workshops.

Of the three programmes, Programme B is unique in its relatively low staff turnover rate. While some staff have come and gone, there are enough core staff who have remained over the years to give the programme an established feel, with some staff members employed since the programme's establishment (as Beta) in 1995.

Programme B staff have little formal training in therapeutic music methods and spoke in interviews of using a trial and error approach in their work. Programme B staff have, however, attended a number of workshop training sessions, and staff were able to create a coherent training programme for local teachers. The background and training of Programme B's staff is very similar to that of Programme C's community music staff.

Programme C

Programme services. Created by former staff members of Programme A and Programme B, Programme C's therapeutic music work is similar to that of Programme A and Programme B, with Programme C incorporating both Western music therapy and therapeutic community music methods into a single programme. Like both Programme A and Programme B, Programme C also provides training sessions for other local professionals. Programme C is unique from Programme A and Programme B in that it openly aims to provide a more holistic service than mere therapeutic music; hence the diversity of Programme C's staff. Like Programme A, Programme C's Western music therapy sessions focus on the specific provision of therapy, while (like Programme B) their therapeutic community music sessions may focus on educational aims with therapy being more of a side benefit. Programme C's Western music therapy sessions are conducted one-to-one or in small groups; therapeutic community music sessions

are always conducted with groups. Western music therapy clients normally travelled to Programme C for sessions, while staff of Programme C travelled to orphanages, hospitals, and schools to deliver therapeutic community music sessions.

During fieldwork, Programme C was in the early stages of investigating the possible incorporation of other creative therapies into their work. An art therapist arrived to join their skill-sharing programme during fieldwork on a one-year experimental placement.

Although all three programmes run sessions or workshops throughout the country, Programme C was the only one to refer to these various locations as partners in their work; Programme A and Programme B appeared to view themselves as simply delivering a service rather than engaging in a partnership. This may be a reflection of Programme C's more holistic rather than specialised approach.

Programme staff. Programme C staff includes a Western-trained music therapist who used to work for Programme A, her husband who used to work for Programme B and who helps in a variety of ways from translating to assisting with the more humanitarian side of the programme, two assistants/translators/fieldworkers, one social worker, and an art therapist. Programme C also works with a Western-trained Croatian psychologist.

1.2.3 Gathering data

I gathered the data for this study using a multi-methods approach with observation, participant observation, interviews, and questionnaires. Documents written by programmes for their funding bodies as well as the general public also informed this study. As will be shown in my methodology and findings chapters, this research approach was key to allowing me to obtain the wealth of data used in this study. Data were gathered over five field visits carried out during a 13-month period from the beginning of November 2003 to the end of November 2004.

1.3 Thesis structure

This dissertation is divided into twelve chapters. After this introductory chapter, the purpose of each chapter is as follows:

Chapter 2 reviews literature detailing the historical and current use of music as ther-

apy, placing the programmes studied within their historical and theoretical context. Theories behind and purported effects of music therapy are examined, along with problems with the use of music as therapy. Other relevant literature on foreign aid, non-governmental organisations, and professionalisation is referenced throughout this thesis.

Chapter 3 explains my rationale for selecting the multi-methods design used in this study as well as my reasons for selecting each individual method (observation, participant observation, interviews, and questionnaires). This chapter also details field visits, sample recruitment, and data gathered. Data analysis is also discussed.

Chapter 4 reflects on a variety of methodological and ethical issues encountered while conducting research and my responses to these issues. Values and bias are discussed, as well as cultural and linguistic divides. Methodological issues include the negotiation of research methods with research participants, differing levels of cooperation, and a lack of programme organisation. Ethical issues regarding my status as a foreigner, informed consent, working with children and disabled clients, and working with competing programmes are discussed, as well as issues with providing feedback to research participants.

Chapter 5 provides background information on the research location, the context within which the programmes studied operate. Following a brief overview of the 1992–96 war, this chapter examines life in Bosnia and Herzegovina today and the future of Bosnia and Herzegovina based on field notes, interviews, questionnaires, and literature.

Chapter 6 compares the therapeutic music methods used by the programmes studied and analyses staff explanations about how decisions are made with regards to when, where and how therapy sessions are conducted and how clients are selected. This chapter also discusses the use of translators in Western music therapy sessions, music as therapy in Bosnia and Herzegovina, and staff perceptions of the therapeutic value of music.

Chapter 7 compares the ways in which the different groups—staff, parents, carers and clients—perceive the therapeutic music programmes. This comparison is critical as it shows what type of services each participant group feels that the

therapeutic music programmes provide, helping to demonstrate whether or not the programmes are providing the services staff believe they are providing.

Chapter 8 examines possible programme effects with regards to the community and communication. Improvements with regard to community and communication were identified by staff, parents, clients, and carers as central effects of the therapeutic music programmes. This chapter examines these purported effects in detail, as well as ways in which it appears that programmes might improve in these areas based on observations and client, parent, and carer feedback.

Chapter 9 looks at the impact of uncertainty on the programmes studied. Programme and local uncertainties were identified by staff in response to my asking what, if anything, limited programme success. Uncertainties around programme funding, ownership, future programme success, and programme definitions are examined, along with uncertainty regarding levels of staff altruism.

Chapter 10 explores the effect of tension on the programmes studied. It became clear during fieldwork that tension was an important theme for the programmes being studied. This section examines the tensions I identified through observation, interviews, and questionnaires and the impact of these tensions on the therapeutic music programmes. Tensions include inter-programme competition, tensions within programmes, local-international relations, and ethnic diversity and division.

Chapter 11 pulls together ideas expressed across the previous chapters. Over-arching study themes discussed in this chapter include East-West division, constructions of therapy, and professional identity.

Chapter 12 concludes the study, examining study implications, limitations, and areas for further work.

This thesis also contains six appendices. Appendix A introduces the principal research participants who were assigned pseudonyms in this study. Appendix B lists questionnaire and interview questions. Appendix C lists the effects on clients based on symptoms as reported in a draft concept paper written by Programme A. Appendix D provides a sample assessment form from Programme C. Appendix E is an overview of the history of Bosnia and Herzegovina prior to the 1992–96 war. Appendix F presents a time-line of Bosnia and Herzegovina's history.

Chapter 2

Literature Review

The programmes in this study use two methods: Western music therapy and a newer form of therapeutic music referred to in this thesis as ‘therapeutic community music’. Therapeutic community music as used in Bosnia and Herzegovina has not yet been formally studied, although music therapists are beginning to work and write in the related field of community music therapy (e.g. Wood et al., 2004; Pavlicevic and Ansdell, 2004; Ruud, 2004). I use the term ‘therapeutic community music’ because staff practicing this method typically have no specific training in this area. Staff of a community music therapy programme might engage in similar activities to therapeutic community music staff, but they would do so having completed formal training in Western music therapy methods.

This chapter presents a review of literature on the historical use of music as therapy, theories behind music therapy, effects of music therapy on clients, assumptions behind music therapy, and problems with the therapeutic use of music. Because the field of music therapy remains virtually unexplored by non-therapists, this literature review focuses on the writings of music therapists.

There are many different types of Western music therapy, ranging from listening-based to improvisation-based and psychoanalytical models. This literature review focuses mainly on the creative and improvisation-based models as these are the models embraced by the programmes involved in this study.¹ The literature reviewed consists primarily of case studies and theoretical writings written by certified music therapists. Since this study examines therapeutic music programmes in action, it is important to understand the theory and professional literature on music therapy.

¹For a discussion of the diverse forms of music therapy currently practiced, see Wigram et al. (2002).

2.1 The historical use of music as therapy

Early references to music as therapy are found in Greek mythology. In the story of Orpheus and Eurydice, Orpheus calms wild animals and nearly frees his wife from the underworld by playing his lute. Music was prescribed for chronic cases of insanity and as a cure for various phobias in both Greece and Rome. Music was also considered to be very important by such ancient scholars as Plato, Aristotle, Homer, Athenaeus, Pythagoras and Plutarch. Apollos, the god of music, is also considered to be the founder of medicine (Meinecke, 1948).

References to the therapeutic use of music are found in the Bible, where David plays his harp to calm King Saul (see 1 Samuel 16:23). Many traditional societies continue to use music in healing rituals (Gregory, 1997). Renaissance writers described the positive effect of music on one's state of mind, and Renaissance physicians "included music among the emotional factors which favored resistance to disease" (Carapetyan, 1948, p. 129). Davis et al. (1999) expand on some of the historical ways in which music has been used as therapy:

Egyptian priest-physicians referred to music as medicine for the soul. . . [In Babylonian culture] healing rites often included music. Music was regarded as a special force over thought, emotion, and physical health in ancient Greece. . . Music during the Renaissance was not only used as a remedy for melancholy, despair, and madness, but also prescribed by physicians as a preventive medicine. (p. 17)

Davis et al. (1999) note, however, that with the end of the Renaissance, perceptions of music as therapy changed:

By the late-eighteenth century, music was still advocated by European physicians in the treatment of disease, but a definite change in philosophy was underway. With increased emphasis on scientific medicine, music was relegated to special cases and applied by only a few physicians who viewed treatment from a holistic (multitherapeutic) framework. (p. 19)

After several decades of the therapeutic potential of music being largely ignored by the medical community, modern Western music therapy emerged in the United States immediately after the Second World War when musicians were employed to assist with the rehabilitation of returning war veterans (Bunt, 1997; Ainlay, 1948; Holmes, 2003). Experimental work had previously been done with shell-shocked veterans following the First World War (Soibelman, 1948), and the world's first music therapy degree

programme was founded in 1944 at Michigan State University (American Music Therapy Association, 2006). The music therapy movement grew and became particularly popular in work with disabled populations (Bunt and Hoskyns, 2002). The use of music as therapy for war trauma in a post-war region is a recent phenomenon, with the first known therapeutic music programmes operating with this specific intent opening in Bosnia and Herzegovina in 1995.

A concise definition of therapeutic music remains elusive, with adherents of different schools of music therapy understanding the use of music as therapy in different ways (Ruud, 1998). Even within schools, therapists vary their methods (Backer and Camp, 1999), and Wigram (2002) emphasises the necessity for flexibility and a broad range of skills for successful therapy sessions with a diverse range of clients. Bunt (1994) notes:

Definitions [of music therapy] have changed over the years as the profession has adapted to different needs and contexts. . . The complexities of definitions [of music therapy] have preoccupied music therapists throughout the history of the profession. (p. 6, 8)

Like other branches of complementary medicine, there is a lack of standardisation of training within music therapy (Sharma, 1992). This lack of standardisation allows a wide range of practices to define themselves as music therapy, blurring the line between therapeutic music and other musical practices. This blurring and flexibility is investigated empirically in Chapter 6. Only two of the three programmes that participated in this study employ staff formally trained in Western music therapy, further blurring the line between therapeutic music and other musical practices.

The recognition of music therapy as a genuine clinical profession is very recent worldwide. The American National Association of Music Therapy was founded in 1950, and it was only in 1997 that music therapy was registered in the United Kingdom as a complementary medicine profession (Bunt and Hoskyns, 2002). Music therapy is still not recognised as a profession in a number of countries, including Bosnia and Herzegovina.

2.2 Theories behind music therapy

To some extent any factor that helps in the prevention or alleviation of illness or problems can be regarded as therapeutic. (Bunt, 1994, pp. 6–7)

This section explores theories about why music is considered to be a successful therapeutic medium. Primary benefits of music therapy as identified in literature by

qualified music therapists include nonverbal communication, the development of a communicative relationship, identity construction through the discovery of an ‘undamaged self’, self-expression, hope, a space for childhood, and the opportunity to rebuild relationships. It is important to note that there is currently little empirical scientific evidence for the efficacy of either music therapy (using a trained music therapist) or broader uses of music as therapy (Mantle, 2004). The theories noted in this section were drawn from my review of literature written by qualified music therapists.

2.2.1 Non-verbal communication

What cannot be said, can be played or sung. (Aldridge, 1999, p. 26)

Music therapy differs from traditional therapies because it provides a nonverbal form of communication (Derges and Henderson, 2003; Nordoff and Robbins, 1992). Altshuler (1948) explains that this is why music is believed by some to be an especially appropriate therapeutic medium:

Music, even more than the spoken word, lends itself as a therapy because it meets with little or no intellectual resistance and does not need to appeal to logic to initiate action. It is more subtle and more primitive and therefore its appeal is wider and greater. (p. 267)

Daveson and Skewes (2002) believe that the non-verbal aspect of music makes it a safe, non-intrusive therapeutic medium. While some speaking may take place during therapy sessions, the words are not the focus of the session and are not seen as being necessary for therapy to be successful. Because music can provide a completely nonverbal form of therapy, it is considered ideal for clients who either refuse to speak or have some other communication-oriented difficulty (Hanser, 1999; Aldridge, 1999; Backer and Camp, 1999). Aldridge (1998) observes:

Our inarticulacy is only in particular realms. We too can find a way of realising our potential in the world such that it can find a form of expression ... music is the ends and means of such expression” (p. 15).

Aldridge goes on to explain how he believes that music can help individuals communicate:

The medium of improvised music offers possibilities for extremely varied communication and has a subtlety beyond that of interview techniques that are confounded by verbal content. In addition, in improvised playing there is both the possibility of hearing what may be pathological in terms of restriction and inflexibility under challenge, and that which indicates positive possibilities for growth and change. (p. 36)

Thus, therapists believe that improvisation can reveal areas that are limiting their client as well as areas for growth. Music therapy literature focuses on the benefits of non-verbal therapy and largely ignores its limitations. There is an implication that non-verbal therapies might be superior to verbal therapies, although no specific empirical evidence is drawn on in much literature to support that case. Cross (2005) notes that “music is inherently ambiguous” (p. 30), making it impossible to precisely specify what is being said as is normally done in language. At the same time, Pavlicevic (1997) warns that, while verbal interpretation may lead to a “freer and more profound relating. . . it can also prevent the therapist and client from realizing the full potential of the *musical-therapeutic relationship*” (p. 163) since “once music therapists enter into verbal language and thought, we distance ourselves from the essence of the experience of being-in-music” (p. 15). Pavlicevic appears therefore to feel that there is some mystical value to “being-in-music” that can be lessened through verbal discourse. However, this experience does not appear to be verbally quantifiable and seems therefore hard to grasp from a non-music-therapy viewpoint. The building of a communicative musical relationship through music is a common theme in music therapy writing, explored below.

2.2.2 A communicative relationship

We are fortunate as music therapists not only to enable children to explore the non-verbal medium of music but also to act as a kind of sounding board, to tune in and reflect back to a child that they have been listened to and heard. (Bunt, 2003, p. 181)

In improvisational music therapy, therapists play improvised accompaniments with the purpose of reflecting and matching what their client plays (Bunt and Hoskyns, 2002). Musical improvisation is used by therapists to develop a therapeutic or communicative relationship (Darnley-Smith and Patey, 2003; Pavlicevic, 1991). This communicative relationship is believed “to create a situation where change, transformation, and process come into focus” (Ruud, 1995, p. 93).

Music therapy literature does not explain exactly how this communicative relationship is established, but it appears to be an assumed development that takes place through the communicative musical improvisations that are produced during therapy sessions. The potential for change that therapists believe is provided through this communicative relationship is thought to create a medium for identity construction.

2.2.3 Identity construction

DeNora (2000) notes that individuals frequently employ music as a way of constructing their identities, and argues that music therapy supports this type of identity construction:

Using music... as a mirror for self-perception... is a common practice of identity work in daily life. There are some individuals, however... who cannot and normally would not conduct this sort of identity work for themselves... Here, then, is one of the uses of music therapy. (p. 70)

Music therapy clients are thus construed as individuals who require help in order to employ the everyday tool of music in identity construction. Their inability to use music in this way on their own is seen as hampering their ability to define themselves.

Dixon (2002) describes music therapy as the search for the ‘undamaged self’, also referred to as the ‘music child’ (Pavlicevic, 2002) and the ‘inner child’ (Darnley-Smith and Patey, 2003), behind apparent disability in the traumatised individual. Once this ‘undamaged self’ has been reached, clients can work towards greater self-expression and healing. Music therapy sessions are believed to create the safe environment that is needed for clients to feel free to build from this ‘undamaged self’ to explore alternative, more positive identities. The development of self-expression through music therapy is explored in more detail below.

2.2.4 Self-expression

Music can be an expressive enactment of a person’s emotional, social, intellectual, physical and spiritual life, enabling personal insights to be gained into areas of difficulty and concern. (Bunt, 1994, p. 28)

While lay people might associate music therapy with artistic creativity, Pavlicevic (1997) emphasises that art therapists² work with emotional, not artistic, creativity. Aldridge (1998) specifies that, in music therapy, music is not a medium for provoking, but rather for expressing emotions. Pilch (2006) notes that music communicates emotions rather than specific messages. Alvin (1983) notes: “Music-making enables the disturbed child to release pent-up emotions with a minimum of discipline” (p. 103).

While the focus in music therapy might be on the expression of emotions, all music provokes emotions as well, as discussed later in this chapter (see Section 2.5). Within

²Here, Pavlicevic uses the term ‘art therapists’ to refer to therapists using any of the arts, not to therapists using art specifically. Elsewhere in this thesis, the term ‘art therapist’ refers to therapists using art specifically.

an improvisation-based music therapy session the client may well express emotions through their own improvisations, but they will also be affected emotionally by the music improvised by the therapist. Even if therapists do seek to emulate the emotions expressed by the client, the therapist's improvisation will inevitably affect what the client plays in response.

2.2.5 Hope

Music therapists believe that their work opens communicative channels and that, through this communication of pent-up emotions, clients are somehow healed. How do therapists believe that this healing happens? Aldridge (1998) views hope as one of the most essential by-products of the expression and communication that takes place during music therapy sessions:

Music therapy, with its emphases on personal contact and the value of the patient as a creative productive human being, has a significant role to play in the fostering of hope in the individual... The opportunity, offered by music therapy, for the patient to be remade anew in the moment, to assert an identity which is aesthetic, in the context of another person, separate yet not abandoned, is an activity invested with that vital quality of hope. (p. 231)

It appears that therapists believe that, through music, clients can construct new, healthier identities, identities which are reinforced by the therapist during the session. The therapist's reinforcement is meant to give the client hope that change is possible, and this hope opens the door to change and a better life (Aldridge, 1998; Storr, 1992). Music therapy aims to provide a space for clients to explore aspects of themselves and their abilities and then to relate this to non-musical contexts (Davieson and Skewes, 2002; Hesser, 1995). Aldridge (1998) suggests that, by taking the focus away from the client's pathology, music opens the doors to a brighter future.

2.2.6 A space for childhood

Music therapists use connections between music and play as justification for the use of music as therapy with children and adults:

Music therapy can be an invitation for impromptu play and offers a sphere where each and every human activity may be taken up as an idea for improvisation. (Schmid, 2005, p. 183)

Music therapy claims to provide a space where children can just be children. Child clients are often portrayed in music therapy literature as having been deprived of their childhood through disability or some traumatic experience. Therapists believe that music therapy sessions allow child clients to reclaim their lost childhood. Music is thought to be a familiar part of childhood often associated with positive experiences (Dun, 1999), something which therapists propose makes music a way of creating favourable environments for clients of all ages (Aasgaard, 1999). Easily accessible physically and psychologically as well as socially, therapists note that music can be easily controlled by people of all ages and can be shared with family and friends. The connection between music therapy and childhood is explored in greater detail later in this chapter (see Section 2.3.1).

2.2.7 Rebuilding relationships

As someone who has worked extensively with children traumatised by daily violence in South Africa, Pavlicevic (2002) sees music therapy as “the opportunity and confidence [for children] to rebuild relationships with themselves, with one another and ultimately, hopefully, within their communities” (p. 116). The idea that music can rebuild relationships within divided communities means that it is beginning to be seen as an important tool for the reconstruction of countries following intergroup conflicts, as shown in the rise in the number of therapeutic music programmes in post-war regions. This is an area that requires further research, particularly given the fact that one of the programmes in this study is moving towards an inter-ethnic reconciliation focus within their work (see Section 8.2).

2.3 Effects of music therapy on clients

Music is very flexible and we can adapt it to make contact with people of all ages and abilities, to observe what they can do in a musical setting and to develop positive therapeutic interventions. (Bunt, 1994, p. 2)

Music is considered to be a valuable therapy tool because it “is very adaptable and can be used to meet the differing needs of the children and adults who attend music therapy” (Bunt, 1997, p. 264). This section identifies the effects of music therapy on clients as detailed in a review of case studies. I selected case studies for their similarity to the programmes studied in terms of clientele. The use of music therapy with children

is discussed first, followed by discussions of music therapy and disability and music therapy and trauma.

2.3.1 Music therapy with children

A review of literature on the use of music therapy with children showed that therapists believe that music therapy improves communication, allows children to process difficult emotions, and provides an environment where children feel free to express themselves and can experience play. Therapists believe that improvements made by clients during therapy sessions eventually transfer into everyday life.

Many therapists portray children as needing to be in control in the initial stages of therapy. Therapists feel that children express this need for control by relentlessly playing against the therapist's accompaniment or by telling the therapist what they can and cannot do (Brown, 2002; Bunt, 2002; Tyler, 2002; Strange, 2002; Etkin, 2002). Therapists feel that children learn to trust their therapist over the course of therapy sessions and lessen their demands for control as the relationship progresses.

Robbins and Robbins (1998) explain that the therapist's central role is to communicate with clients:

The therapist is communicating, or should be, to the child. He's communicating whatever he has to communicate through music: his care for the child, his acceptance of the child, his interest in the child, his respect for the child. (pp. 39-40)

Children commencing therapy are often described by therapists as being oblivious to the communicative relationship that takes place between the therapist and client during improvisations. Therapists explain that, over time, children begin to reflect what the therapist plays in their own music, and that this reflection of the therapist's playing shows that the child is engaging in true musical conversation (Bunt, 2002; Brown, 2002; Lang and McInerney, 2002; Strange, 2002). I found no exploration of what children themselves think of this process; however, even if children perceive therapy sessions as a music game it is a communicative activity since children's musical expression is responded to by their therapist and children then have the opportunity to respond to the therapist's response.

As with adults, self-expression is an important part of music therapy with children:

Music-making enables the disturbed child to release pent-up emotions with a minimum of discipline. (Alvin, 1983, p. 103)

Therapists believe that many children work through emotions they are unable to verbalise during their music therapy sessions (Lang and McInerney, 2002; Turry, 2002; Pavlicevic, 2002). Some children release aggression during music therapy, either physically or through storytelling (Lang and McInerney, 2002; Brown, 2002; Tyler, 2002). The use of storytelling during sessions shows that, even in therapy sessions with children, verbal communication between the therapist and the client can be very important.

The most common outcome of therapy as described in case studies appears to be that children develop expressivity and experience play, considered by therapists to be an essential aspect of childhood that often disappears following traumatic situations (Dixon, 2002; Lang and McInerney, 2002; Tyler, 2002; Bunt and Hoskyns, 2002; Turry, 2002; Strange, 2002; Etkin, 2002; Pavlicevic, 1999; Robbins, 1993).

Pavlicevic feels that music therapy provides a place for traumatised children to play and also to creatively recreate life, revisiting painful events and transforming these events into a more manageable reality. Bunt (1994) notes that “play in music can be a means of exploring a whole range of feelings” (p. 97). Jones and Kafetsios (2002) and Pavlicevic (2002) caution against focusing therapeutic work on the traumatic, as this could prevent opportunities for the child to evoke creative and playful feelings that can increase the child’s own potential for healing. Pavlicevic finds that often the best you can do for a child is to play with them since, for children who have never known a trauma-free life, trauma can prevent childhood play experiences. Pavlicevic also notes the importance of the mothers of these children seeing their children in therapy sessions so that they might learn that their children are capable of being playful, fun, and creative.

This emphasis by therapists on play embraces a view where play is a necessary component for childhood. Music therapy appears to uphold a view of childhood as being pure and full of hope, something reflected in music therapy’s quest for the ‘music child’ (Dixon, 2002), or ‘inner child’ (Darnley-Smith and Patey, 2003). Music therapists believe that this inner music child is the foundation upon which clients work to construct healthier identities and positive futures. By experiencing this ‘lost’ aspect of childhood, clients are believed to emerge from therapy sessions as healthier beings.

Developments noticed by therapists during therapy sessions are often reported by therapists to be reflected in children’s lives outside of therapy. Music therapy is reported to develop speaking and interactive skills in children within and outwith therapy sessions (Bunt, 2002; Sutton, 2002; Lang and McInerney, 2002; Voigt, 2002; Pavlicevic, 1999; Robbins, 1993) and to improve problematic violent or anxious behaviour

at home and school (Tyler, 2002; Strange, 2002; Pavlicevic, 1999). Music therapy with children was also found to improve their general ability to get along with peers (Strange, 2002; Etkin, 2002), physical abilities (Pavlicevic, 1999; Robbins, 1993; Dun, 1999), and self-esteem (Pavlicevic, 1999; Strange, 2002; Etkin, 2002; Robbins, 1993). This reported transferral of therapy effects appears to be based on therapist observations as well as feedback from parents and carers.

2.3.2 Music therapy and disability

Music may be the only way [the handicapped child] can realize himself. Music may represent to him a non-threatening world with which he can communicate, where he had known no failure, where he can integrate and identify himself. It may be a field in which he can use the restricted physical or mental means he possesses, however weak or deficient. (Alvin, 1983, p. 3)

Adult clients of all three programmes examined in this study have mental disabilities. Some child clients of all three programmes have mental or physical disabilities. Traditionally, music therapists have most frequently worked with mentally disabled clients and clients with learning difficulties (Bunt and Hoskyns, 2002), so it is not surprising that the programmes investigated in this study have expanded their work in this direction.

Etkin (2002) explains why music therapists believe that their work is effective with disabled clients:

In each person, regardless of disability, ill health, disturbance or trauma, there is a part which can be reached through music and called into responsiveness, thereby enabling healing and the subsequent generalization into all aspects of a client's life. (p. 155)

Other therapists refer to this healing part of a person that can be reached through therapeutic music sessions as the 'undamaged self', 'music child' (Dixon, 2002), or 'inner child' (Darnley-Smith and Patey, 2003).

Based on an overview of literature, creative and improvisation-based therapy sessions with disabled clients do not appear to differ significantly from sessions with children, possibly because of the individualised nature of music therapy. Creative and improvisation-based music therapy appears to focus on the disabled and child populations, with more analytical music therapy methods such as Bonny Guided Imagery³ used in sessions with non-disabled adults.

³See Schulberg (1997) for a description and application of Bonny Guided Imagery.

2.3.3 Music therapy and trauma

Modern music therapy has been tied to trauma from its beginnings, when the United States employed musicians to help rehabilitate returning World War II veterans (Bunt, 1997; Ainlay, 1948). Music therapy is meant to help trauma victims build confidence and self expression, while restoring a sense of community. For children who have experienced trauma, music therapy sessions are also meant to create a safe place where children can experience play.

Pavlicevic (2002) notes that children living in an environment where trauma is constant and inescapable feel a lack of control in their lives and lose confidence in their environment, leading to aggressive and disruptive behaviour at school. Music therapy sessions with these populations are used to restore confidence, decreasing levels of aggression and disruptive behaviour.

Smyth (2002) believes that engagement in creativity is an ideal therapy for traumatised individuals because it allows clients to exhibit resistance to oppression and to act in spite of the destruction invariably caused by trauma. Smyth also believes that creative therapies provide a way for the client to recover or discover their voice and a source of internal power through which clients can create a positive role and sense of the future. Within the creative therapies, Smyth singles out music therapy as particularly useful because the non-verbal nature of music transcends the traps language can set in the path of expressiveness and recovery. The nonverbal nature of music therapy is believed to provide an important alternative to more traditional talking-through types of therapy; the client is free to explore the traumatic experience without requiring a tolerance of intimacy or the use of language. Butterson (2004) believes that the non-verbal nature of music therapy also allows access to pre-verbal material that would be inaccessible through other forms of therapy. Smyth and Butterson do not compare music therapy to art therapy, which is also expressive in a non-verbal way and does not require intimacy.

Kinchin and Brown (2001) and Shaw and Harris (1995) note that children often do not have the linguistic abilities needed to explain the emotion of their trauma. For this reason, it is believed that non-verbal therapies such as music therapy might be particularly effective as therapy for traumatised children. The relationship between the aims of 'non-verbal' music therapy and its practice, where talk remains part of the process, is discussed in Chapter 6.

Regardless of whether sessions are verbal or non-verbal, the expressive nature of

music is believed to facilitate the expression of difficult emotions and to break the silence of isolation. Music therapy is thought to provide a safe base to explore that which has become unsafe (Sutton, 2002). Music therapists believe that their work draws out the humanity in people who are otherwise unreachable, drawing attention to each individual's uniqueness while drawing connections between individuals, and through these connections creating a common humanity (Dixon, 2002).

Interestingly, researchers looking at trauma in war-torn countries invariably find that personal recovery is grounded in social recovery (Summerfield, 2000; Boehnlein, 2002). In this context, a therapy that focuses on expression and communication as the therapeutic music programmes in this study do (see Chapter 8) might be a logical choice. Jaukovic (2002) points out that the years of ongoing conflict and disorganisation of modern war exhaust the adaptive capacity of the community. In addition to the exhaustion of this adaptive capacity, Boehnlein (2002) notes that culture and tradition are lost in the course of war, making ritual interactions that need to happen during the healing process nearly impossible. Boehnlein sees cultural re-growth as a necessary part of both the individual and the community healing process. Thus, a creative therapy that embraces local culture (something the programmes in this study aim to do) might be effective.

2.4 Assumptions behind music therapy

Many assumptions behind music therapy have been discussed in the previous sections. This section summarises the main assumptions behind music therapy. A central assumption behind music therapy is that music is a universal communicative medium:

Music therapy and community music each work from the knowledge that music has the power to reach us all. (Wood et al., 2004, p. 50)

Therapists emphasise the expressive nature of their work, assuming that clients can use music to express themselves. Cross (2005) and Pavlicevic (1997) note that humans appear to be capable of and highly motivated to engage in music-like activities from birth. Cross believes that music is a biological human heritage that plays a crucial role in social and individual development. Therapists assume that children in particular are better able to express themselves through music than through words, although verbally competent children are capable of discussing and analysing issues that are important to them (Mayall, 1996).

Therapists assume that clients feel safer expressing themselves through music than through words (Backer and Camp, 1999). Regardless of whether or not this is the case, observations and interviews conducted for this study indicated that music therapy sessions frequently involve a verbal component, and that this verbal component can sometimes resemble verbal therapy (see Chapter 6). Deverell and Sharma (2000) note that this is an area where complementary therapists need to exercise caution, since they are not qualified to serve as verbal therapists and the opening up process of many complementary therapies may lead clients to divulge information they could later regret sharing.

There is also an assumption that music can be expressive when words do not suffice, and that music can reach an ‘undamaged self’. Once this ‘undamaged self’ has been reached, it is portrayed by therapists as a foundation upon which the individual builds, eventually emerging as a whole being.

Finally, there is an assumption that music creates a positive environment for clients. This final assumption and problems with the use of music as therapy are discussed in Section 2.5.

While the literature is replete with theories and individual case studies, there appear to be few evaluations of music therapy and almost no studies conducted by non-music therapists. This lack of adequate evaluation of music therapy has been acknowledged by music therapists (Aldridge, 2005c; Ridder, 2005). While therapists appear to believe that they are the only group qualified to conduct research on their work (Amir, 1993), broader social research could contribute to the overall knowledge base about the therapeutic use of music.

2.5 Problems with the use of music as therapy

Although associated with healing throughout the ages, music is hardly free of controversy. The positive and negative aspects of music have long been noted, with Homer applauding music’s ability to influence mankind in a positive way but also allowing sailors to be drawn to their deaths by the sirens’ singing in *The Odyssey* (Meinecke, 1948).

Music expresses the entire range of human emotions, including violent emotions. Some of the same qualities of music that lead to dance and celebration also lead to war marches; sometimes the same music is used to serve both purposes (Dixon, 2002; Storr, 1992). Just as it has with healing, music also has a long association with violence.

Violent rap songs, battle music, and other pieces are used to express hostility towards other groups.

Popular music is often closely associated with drugs. Horesh (2006) notes:

Many addicts talk about 'using' music interchangeably with drugs, listening obsessively to music during periods of abstinence. (p. 128)

While it initially appears that music is a positive alternative to drugs, Horesh reports that her clients have repeatedly spoken of instances where listening to music led to a drug relapse. Horesh equates this 'dangerous' music to the sirens' singing in the *The Odyssey*, and notes that the effect is so powerful that many inpatient treatment centres censor certain types of music that are strongly related to drug abuse.

Music has also been shown to have other negative side effects, as was discovered during its use as therapy for shell-shocked soldiers after the First World War. While most music had positive effects, soldiers themselves sometimes chose music that increased negative symptoms, making supervision necessary (Soibelman, 1948). It was evident to musicians working as therapists following World War II that music for therapy sessions needed to be selected with care since most people associate music with both positive and negative experiences (Ainlay, 1948; Soibelman, 1948). More recently, listening to rock music has been associated with increased alienation from school for adolescents (Brown and Hendee, 1989). Horesh (2006) writes that her clients reported choosing music that mirrored their moods, with the effect of exacerbating negative moods. This potential of music to harm as well as help individuals emphasises the importance of regulating the use of music in therapeutic settings.

The complexity of music as therapy increases when therapists are working in a violently divided society where even music is not neutral. Frohne-Hagemann (1998) and Hesser (1995) emphasise the fact that music is not significant on its own; rather its effect depends on the context and mood. However, Robinson et al. (1991) state a belief that "all music is political in nature... music either supports or disrupts the dominant ideology and status quo expectations" (pp. 26-27). DeNora (2000) notes that "music's presence is clearly political, in every sense that political can be conceived" (p. 163). While some music in Bosnia and Herzegovina is shared by all ethnic groups, other music can be politically volatile. Therapists need to be aware of the potential political meanings of certain instruments and songs (Smyth, 2002).

There are also apparent cultural differences that make at least some forms of music incomprehensible unless one is familiar with the music's culture (Gregory, 1997). Bright (1993) notes the importance of cultural awareness:

We cannot work through music with clients from a culture different from our own unless we have a clear understanding of the expressiveness, style, and emotional meaning ascribed to music in that culture, and also the general cultural relationships and behaviour. (p. 193)

Bright tempers this statement, noting that even within a given culture there are individual differences based on personal experience. Bunt (1994) notes that the same piece of music can have opposite effects on different people. Huebscher and Shuler (2004) note that “Even though a piece may be designed to promote a certain effect, the response may be negative if the music is too different from the listener’s taste” (p. 90). Pavlicevic (1997) notes that using musical idioms with strong connotations can be problematic where individuals share a culture.

Despite music’s ability to express violent emotions and other dangers associated with its use, Dixon (2002) argues that the process of music-making itself is usually intimate, involving creative interpersonal engagement, thus making music an effective and relevant treatment for political violence. There is case study evidence that music can have an ultimate positive effect when used carefully and reflexively, but as with any other treatment its abuse or misapplication can lead to harm.

2.6 Summary

The use of music as therapy is not a new phenomenon; the purported therapeutic benefits of music are found in Greek, Roman, and Biblical accounts. In recent years, music has been heralded as a successful form of therapy due to its non-verbal nature, providing an avenue for expression that does not require the use of language. The development of music programmes that aim to provide therapy for war trauma in post-war regions is not surprising given the fact that the re-emergence of therapeutic music practices in the United States began with therapy services for shell-shocked World War I veterans, paving the way for a re-emergence of therapeutic music practices throughout the Western world.

Communication appears to be the central aim and perceived benefit for many music therapy clients. The provision of a non-verbal form of communication through music was highlighted in explanations of the appropriateness of music as a therapeutic medium. Therapists also spoke of music creating a space where children could experience play. Therapists believe that music opens a pathway to an ‘undamaged self’, from which clients can create alternative identities, build confidence, and improve self-

expression.

Despite the benefits noted by music therapists, the use of music as a therapeutic medium is not free of problems. There is documentation that music can sometimes cause harm if it is used by clients without supervision. Music can also be highly political in nature; some believe that all music is political by definition. Music is associated with warfare as well as dancing, and sometimes the same songs serve both purposes.

The use of music as a therapeutic medium is thus not as straightforward as it might initially appear. An exploration of the practice of therapeutic music is the theme of Chapter 6. Chapter 6 also addresses the ways in which the programmes in this study account for the potentially political nature of music. Chapter 7 examines perceptions of therapy from different participant groups, and Chapter 8 examines communication as a central aim and perceived benefit of these therapeutic music programmes.

This study also examines some areas that are gaps in the literature. Chapter 9 and Chapter 10 focus on the impact of the context within which the programmes operate as well as the impact of internal and inter-programme uncertainties and tensions. Chapter 11 discusses different constructions of therapy as well as the impact of professional identities on the programmes and ways in which Bosnia and Herzegovina's function as a meeting point for East and West impacts these programmes. These examinations of the surrounding context reveal insightful information as to how programmes are impacted by the context within which they operate. As noted earlier, there is little research on music therapy by non-practitioners. The next chapter outlines the methods used in this study.

Chapter 3

Methodology and Methods

This research takes the ontological position that multiple versions of reality can exist and be valid. In exploring these programmes, I made an assumption that, from some perspectives at least, the programmes were therapeutic. My research, therefore, explores what leads participants to perceive the programmes as being therapeutic as well as what participants feel limits the programmes' therapeutic potential. I selected methods that I hoped would allow me to explore the programmes from a variety of perspectives, both spoken and unspoken. The mixed-methods design used in this study was created in pursuit of what Mason (2002) calls the “epistemologically modest concepts of perspective and argument” (p. 16) rather than of a single objective reality.

This chapter explains my choice of a multiple methods design for this research project as well as specific methodological concerns for research that is conducted in a post-war environment and research that is conducted with children. This chapter also examines my data collection and analysis processes, possible benefits of this research for participants, and the manner in which results are reported in this thesis. A discussion of challenges encountered in the field and other research reflections is reserved for Chapter 4.

3.1 Using multiple methods

Methodologic triangulation has the potential of exposing unique differences or meaningful information that may have remained undiscovered with the use of only one approach or data collection technique in the study.
(Thurmond, 2001, p. 255)

In this research, my own observations and the perspectives of different groups of research participants are used to examine the therapeutic music programmes studied.

I wanted to observe the everyday interactions of the programmes and hoped that my research findings would capture multiple views and realities. Multiple methods can be a useful way of obtaining these different perspectives (Golafshani, 2003).

A multi-methods design was also necessary for this study due to the level of access made available by the therapeutic music programmes studied. I wanted to access the views of staff because one of the aims of this research is to understand their perceptions of their work. Conducting interviews with staff provided me with access to the viewpoints of individual staff members and allowed me to ask clarifying questions where necessary. I would have liked to interview clients, parents, and carers as well, but the programmes were not willing to provide this level of access. I therefore opted to use questionnaires for these populations. The programmes could distribute the questionnaires themselves, giving them the control they desired. Questionnaires were less disruptive for the programmes, less time-consuming for me, and they eliminated the necessity of a translator. The data gathered through questionnaires, however, was inevitably different from that gathered through interviews. Questionnaires limit participant feedback to answering the questions constructed by the researcher. Although semi-structured interviews such as those used in this study are influenced by the questions asked by the researcher as well as spoken and unspoken researcher feedback, there are more opportunities for respondents to introduce topics that may not have been included in the original set of interview questions. The use of observation and participant observation allowed me to see the programmes functioning first-hand so that I could compare the feedback from interviews and questionnaires with my own observations. Advantages and disadvantages of each of the methods used to gather data in this study are outlined later in this chapter.

I was also interested in pursuing a multiple methods approach because other researchers have found that multiple methods can be helpful in sustaining interest and preventing participant boredom, whilst preventing bias and providing a source of triangulation (Punch, 2002; Seale, 1999). While triangulation does not necessarily validate results, it does provide a richer picture of the research setting (Bloor, 1997). Devine and Heath (1999) note:

Triangulation can be used effectively to explore the dynamics of complex social phenomena, highlighting the multi-layered and often contradictory nature of social life. (p. 49)

My use of multiple methods was very effective in highlighting the complexity of the programmes as well as contradictions between what programmes spoke of doing and

what was actually done (Schwartz and Jacobs, 1979). For example, I observed that, while being described as a non-verbal therapy, every music therapy session I witnessed did use language in some way, if only in order to give clients instructions. While all three programmes spoke of a desire for inter-programme cooperation, I witnessed only minimal effort being made by staff members in this direction. I conducted observation and participant observation of the programmes to see how the programmes functioned in practice rather than relying solely on the verbal accounts of participants. Observation and participant observation were central to this research, being the sole focus of the first three field visits. Questionnaires and interviews were included in the final two visits to obtain additional data directly from research participants, and, in the case of interviews, to probe deeper into staff views of the purpose and aims of the therapeutic music programmes.

Besides my own data-gathering, I was given access to a group of questionnaires Programme A had conducted with a number of parents, carers, and other members of the community. These questionnaires were very informative for my own study in helping me to construct a picture of how Programme A was perceived by the local and international communities. Responses to these questionnaires from parents and carers were included in my analysis. All three programmes provided additional written material that provided background information on their programmes. This written material had been written by the programmes for funding bodies and the general public, and information from these documents was also incorporated into my analysis.

I allowed staff of all three programmes to influence the research design, and for both ethical and pragmatic reasons I made changes throughout my research to accommodate programme requests. Such changes to research design are discussed in the next chapter. Due to the sensitive nature of the research setting, all research methods were designed to be unobtrusive for participants. This thesis concerns only the music programmes themselves and does not directly probe personal backgrounds or address more sensitive topics such as levels of participant trauma.

3.1.1 Observation and participant observation

In this study, observation and participant observation were central to all five field visits. Observation and participant observation provided the opportunity to learn first-hand about the three programmes and to see staff work and interact in a variety of contexts. Field notes from observation and participant observation are strengthened and

supplemented by interview and questionnaire findings, because research participants often say things they do not do and do things they do not discuss during interviews (Friedrichs and Ludtke, 1975; McCall and Simmons, 1969). Brink and Edgecombe (2003) believe that questionnaires and interviews must be accompanied by observation. I found that having data gathered through questionnaires and interviews enriched data gathered through observation and vice versa. Questionnaires and interviews provided the opportunity for respondents to describe programmes in their own terms (albeit as limited by my own questions); observation allowed me to explore the programmes from my own perspective.

Dingwall (1997) notes that, while in interviews it is possible to choose which messages are heard and elicited, observation requires the researcher to “hear what the world is telling us” (p. 64). Observations led me to examine some aspects of the programmes, such as internal programme tension, which I may not have noticed had my study included only questionnaires and interviews. Observation also allowed me to observe things as they happened (Darlington and Scott, 2002). I was able to observe things that my interviewees may not have been consciously aware of and that would therefore have been difficult to ask about verbally (Friedrichs and Ludtke, 1975), particularly with regard to internal programme relations. Observation was also particularly important for this study because I had little prior knowledge of the programmes and I had no previous exposure to similar programmes. The greater understanding of the programmes that I gained through observations was key to the manner in which I analysed my data and the areas I chose to focus on.

While most observation was participatory, some direct observation was also used in this study. Direct observation allowed for more detailed field notes, since during participant observation it was difficult to write down all relevant details. Although details from participant observation could be recorded from memory afterwards, I found it useful to have some detailed notes recorded in real time as well.

I also found observation to be an extremely informative part of my research design because it allowed me to observe the context of the research setting. Observation allowed me to move beyond the descriptions of therapeutic sessions given by staff (Patton, 2002). Requiring virtually no active effort on the part of those being observed (Darlington and Scott, 2002), observation allowed me to witness behaviours that participants may have been unconscious of or unwilling to reveal in an interview or on a questionnaire (Morse, 2003a; Patton, 2002). Observation also allowed me to draw on the personal knowledge I had gained through observations while analysing ques-

tionnaires and interviews (Patton, 2002; Becker, 1970); field notes are incorporated throughout this thesis alongside quotes from questionnaires and interviews. Direct observation allowed for detailed field notes regarding the actual acts that took place during sessions, whereas participant observation notes were primarily written up after the actual observation and so tended to include less detail about the activities of the session and more detail about my own personal reactions, building reflexivity into the process.

Participant observation helped me avoid meaningless or irrelevant questions while moving beyond the public personas of respondents and comparing respondents' answers to questions with their actual behaviour (Denzin, 1978; Punch, 2002; Dalton, 1964). My relationship with participants was also undoubtedly stronger because I had a medium of interaction with them (Solberg, 1996). The interactive nature of participant observation allowed me to analyse my own reactions to the therapeutic music sessions; it also provided greater access to the reactions of clients and staff members during programme sessions. Participant observation was particularly useful in researching the community music work of Programme B since the informal, open atmosphere of the programme made it natural for me to participate in workshops. Programme A and Programme C were much less open, being wary of investigation of their work from a non-practitioner in particular.

Participant observation can be a difficult role for a researcher, as it requires the researcher to be both a stranger and a friend (Jarvie, 1982; McCall and Simmons, 1969). In order to counteract this, I worked to maintain a professional relationship with all three programmes as advised by Wolcott (1999) and Friedrichs and Ludtke (1975). This worked to varying degrees and is discussed in greater depth in the next chapter. While some participants did inevitably converse more freely with me than others, I felt that I was able to maintain amiable relationships with all staff members from all three programmes throughout the study.

Observation of Programme A and Programme B was conducted during five field-work trips (ranging in length from nine days to three weeks) spread over a 13-month period; further details on these field visits may be found later in this chapter. This format allowed me to follow the advice of Whyte (1984) that researchers "leave the field every few weeks and report what you have been learning to people unfamiliar with the scene" (p. 27). Discussions with supervisors between field trips helped me develop ideas and examine assumptions that I might be making during analysis. An added advantage of this arrangement was that it gave me time to incorporate my find-

ings from each visit into plans for the next visit, making the necessary adjustments to research design in the meantime (Hammersley and Atkinson, 1995). This became very important in my particular research project because, despite approving my design during early visits, programme staff later requested a variety of changes to the design before granting access to their clientele; this is discussed in depth in Section 4.4.

Hammersley and Atkinson (1995) and Becker (1970) emphasise the importance of keeping meticulous field notes so that observations do not fade from memory, leading to an “incoherent and muddled” (p. 179) report. Friedrichs and Ludtke (1975) note that field notes need some regulation, as otherwise they may produce endless material that can be very difficult to analyse. I felt that my ability to write effective field notes improved with experience as I gradually learned what was most important to record and how to effectively organise my field notes, as discussed below.

Field notes

Edwards and Talbot (1994) note the importance of keeping a reflective diary while in the field. Detailed field notes were kept on all five field visits. Field notes combined with observation allowed for continual reflection throughout the research project (May, 1993) and provided good illustrative data to enrich the presentation of analysis. Field notes also allowed me to ground developing analyses in the reality of the field, noting complexities and interactions and developments over time. Writing field notes also allowed a space for reflective analysis immediately after the event (Edwards and Talbot, 1994).

Field notes were recorded for all workshops as well as informal interactions with research participants, and thus include my own observations and interpretations of events as well as casual conversations with programme staff (with the exception of instances where participants indicated that they wished information to be kept ‘off the record’). As all of my interviews were recorded and transcribed, these are not included in field notes. In this thesis, all quotes from interviews and email are attributed directly to the person who made the comment, whereas casual conversations are quoted within clearly labelled field notes. Unless otherwise indicated, references to conversations within field notes are taken from casual conversation rather than formal interviews.

Where appropriate, field notes were written while conducting observations. If my writing distracted participants or staff, I would wait until after the observation to record field notes. Field notes taken during sessions were often in an abbreviated format; these were expanded in the evenings as advised by Darlington and Scott (2002). When all

participants and programme staff were comfortable with it, I also used a digital camera to take still shots as well as short videos to use as an *aide-memoire*. Although these photographs and videos are not incorporated into my actual thesis due to concerns about participant privacy, they were useful in helping me to verify and expand written observations. Any further reactions or observations not recorded during the day were written down in the evenings after I had returned to my lodging.

Participants often revealed information outside of formal interviews that proved extremely useful for my research. If the participant interrupted me while I was already writing, I would frequently write whatever they told me in the middle of what I was writing; otherwise I would write up the discussion after returning to my lodging. There were times when participants asked to tell me things off-record; these comments were not written in keeping with the ethical right of informants to keep some comments off any record, including the researcher's field notes (Spradley, 1980). These comments did, nonetheless, influence my research, particularly my decision to explore internal programme tension (this was not an area I was initially investigating). While influencing areas that I chose to investigate more closely, the subjects of off-record comments were only included as study findings where I was able to obtain observational evidence and/or similar on-record comments.

3.1.2 Interviews

It is the interview that provides the condition for the patient to generate his or her meaningful story. (Aldridge, 2004, p. 133)

After conducting observation and participant observation exclusively on my first three field visits, I saw that interviews were vital if I wanted to include staff representations of the programmes in my research findings. Patton (1982) summarises nicely the reason to interview participants in addition to conducting observations:

We interview people to find out from them those things that we cannot directly observe. The issue is not whether observational data are more desirable, valid, or meaningful than self-report data. The fact of the matter is that we cannot observe everything. We cannot observe feelings, thought, and intentions. We can't observe behaviors that took place at some previous point in time. We can't observe situations that preclude the presence of an observer. We can't observe how people have organized the world and the meanings they attach to what goes on in the world. (p. 161)

While providing information that simply cannot be observed, interviews can also provide information that would require months of observation (Seale, 1999).

In this study, the combination of interviews with observation helped me identify possible conflicts between interview accounts and observations of what was actually happening in the field. Interview accounts also helped to clarify some of what I was observing in the field. For example, staff revelations during interviews that they did not expect clients to understand that they were in a therapy session helped me to understand the client reactions I was observing and had seen in clients' questionnaire responses.

While I initially used a set list of interview questions with participants, this quickly proved ineffective, with some participants actually refusing to follow the interview outline. Another problem was that, with local as well as international participants, the use of an interview schedule appeared to lead to participants approaching the interview like a formal examination. While I tried to make it clear that I wanted to hear each participant's opinion, participants would frequently refer me to other people within their programme rather than answering questions from their own perspective, arguing that the person named could provide a better explanation.

Since I was interested in obtaining the views of non-experts as well as experts within each group, I abandoned the use of an interview schedule in later interviews. I encouraged participants to begin talking about whatever aspect of the work they were the most knowledgeable in. This less structured interview approach gave the participants greater control over the process, lessening the interviewer-interviewee power gap (Corbin and Morse, 2003). This also guaranteed that my first question would be answered with a descriptive answer (Spradley, 1980); I could easily move from this first response to other issues of interest. In this way I was able to cover the topics I had outlined in my interview schedule with the added benefit that informants introduced additional material that was meaningful to my study that I had not anticipated myself (Whyte, 1984).

I found the immediacy and flexibility of semi-structured, in-depth interviews helpful, particularly in that they allowed me to ask clarifying questions (Darlington and Scott, 2002; Denscombe, 1998). The use of in-depth interviews also provided a way of analysing the relationship between participants' actions and their reasoning behind these actions (May, 1993); this was particularly useful in my exploration of local ownership of the programmes. Schwartz and Jacobs (1979) note that the face-to-face interaction of unstructured interviews allows greater feedback than structured interviews and mailed questionnaires, thus providing more opportunities for the interviewer to note discrepancies between what research subjects say and what they mean.

Timing of interviews also matters. As Whyte (1984) notes:

First interviews with informants during the early stages of an organisational study are likely to yield something like a normative picture: a statement that reflects how things *ought* to be done. After people get used to us and see us talking with others who may possibly give us ideas that may reflect negatively on them, they are much more likely to “tell it like it is.” By this I do not mean that later statements are entirely accurate, but they are certainly more frank. (p. 104)

I found that interviews conducted on my final fieldwork visit were, as Whyte predicted, more frank than interviews conducted on previous field visits. Participants also provided more anecdotal evidence of claims they were making as they got to know me better. I conducted second interviews with two staff members of Programme A after learning that during their first interviews (both of which were conducted using an interview schedule) both participants had focused on the music therapy literature rather than their own experience—despite my explicit request that they speak based on their own personal experience. Both of these participants (one international, one local) were speaking about work that required a professional qualification. This may have made a difference, as I did not encounter this type of problem with participants whose work did not require a professional credential (e.g. translators from Programme A and staff members of Programme B). While it would have been interesting to conduct more second interviews, the remainder of my respondents felt strongly that they had told me everything they had to say in their first interview and did not want to spend the time in a second interview unless I had new questions for which I needed answers.

Transcripts of interviews were requested by two of the three internationals from Programme A. I provided these transcripts as requested but did not offer transcripts to any of my interviewees by default. Reasons for this decision were twofold. Firstly, I did not want my participants comparing transcripts. Secondly, I was interviewing all clients in English. Some local and international participants were extremely self-conscious about their English, although they spoke quite well. I did not want to increase their lack of confidence by giving them transcripts where grammatical errors would be even more obvious.

One participant was concerned about his/her interview being used against him/her, perhaps by other people from his/her programme. I assuaged his/her fears by promising to email him/her any quotes before placing them in this thesis. This participant did ask that I cut two quotes from my analysis, and I complied with his/her request. Although all data are being held confidential and are anonymised, I felt that this was an important promise to make to this participant, particularly as the setting of the research

and the uniqueness of the programmes studied make it difficult to guarantee complete anonymity. While I do not know why this participant asked for the quotes to be cut, it might have something to do with a somewhat tense relationship with other members of staff or with his/her own discomfort with the way the quotes portrayed him/her.

Transcripts are useful tools for verifying that leading questions were not asked during the interviews (Hammersley and Atkinson, 1995) as well as to improve recall and provide direct quotes. Interview transcripts were drawn on heavily throughout the analytical process. Notes were not taken during the interviews as suggested by Hammersley and Atkinson (1995) because this appeared to distract interviewees, but impressions were recorded in field notes immediately afterwards as advised by Patton (1982). Whyte (1982) provides further justification for not taking notes during interviews:

Note-taking [during interviews] adds to the formality of the occasion and may inhibit the informant—especially in the early stages of the study. . . An interviewer who takes notes cannot give full attention to the informant. Physical movements, gestures, and facial expressions give clues not to be found in the words themselves, and some of these fleeting non-verbal cues will be missed while the interviewer is writing. . . The interviewer who is busy taking notes cannot be as alert at picking up productive leads as the interviewer who is paying full attention to the informant. (p. 118)

Edwards and Talbot (1994) emphasise the importance of listening to tapes as soon as possible after they have been recorded. I transcribed all interviews within a week of their being conducted; many interviews were transcribed the same day. This timely transcription was useful, as memories of the interview were fresh in my mind and I was able to record any additional observations made during the interview while transcribing.

My decision to conduct interviews in English by default was made after much careful deliberation. I could have asked questions in Bosnian and had participants respond in Bosnian. I understood Bosnian quite well, and if there were terms that I did not understand I could have gone back to the tapes with the help of a translator. I also could have conducted the interviews with a translator and did do this with two members of Programme B (they selected another person from the same programme to serve as their translator). I chose to interview in English wherever possible for a number of reasons. Firstly, the vast majority of the staff of all three programmes spoke English very well. Interviewing in Bosnian limited the follow-up questions I could ask, and my participants' English was usually much more fluent than my Bosnian. Secondly, I was

avoiding the introduction of bias through the use of a translator (see the discussion in Section 4.3 regarding the use of a translator to administer questionnaires orally), a particularly salient issue in this study since all of the translators I had available were linked to one of the three programmes. I knew from working with translators in other situations that they seldom translated accurately and sometimes even changed the meaning of what was being said to reflect their own personal opinions (again, see my discussion of the use of oral questionnaires with Programme A in Section 4.3). Finally, Spradley (1980) stresses the importance of recording native terms verbatim. I felt that I would get closer to the verbatim terms by having the participants themselves do the translations rather than trying to use the subjective lens of an interpreter. Having worked as a translator myself, I was very aware of the difficulty (and sometimes impossibility) of translating someone else's words and ideas with complete accuracy.

Interviews were recorded using a minidisc and a high quality microphone acquired for a previous music-based research project. The quality of recording proved extremely important because interviews were frequently conducted in noisy cafes at participants' request, with construction noise in the background.

3.1.3 Questionnaires

Due the limited level of access allowed by the programmes, questionnaires seemed the best way to obtain the opinions of clients, parents, and carers. At best, I had only very limited contact with programme clients and their parents and carers; the differing levels of access provided by the different programmes are discussed in Section 4.5. Another benefit of questionnaires is their efficiency, as they allow the simultaneous gathering of responses from multiple participants regarding a preset group of questions (Alreck and Settle, 1995; Edwards and Talbot, 1994). I also knew that information gathered through questionnaires could provide useful background information for subsequent observations and interviews (Edwards and Talbot, 1994).

Although they are more efficient, questionnaires are much more limited than interviews in their data-gathering capabilities. Questionnaires represent respondent views, but only with regards to questions written by the researcher. In an interview, the researcher can ask clarifying questions or request further information if necessary; participants also have the opportunity to introduce and explore topics that may not have been on the researcher's original interview schedule. On questionnaires, additional feedback from participants is limited to the space under a question inviting any further

feedback. Such feedback cannot be explored in greater depth without further rounds of questionnaires, something that was not possible in this study due to access issues and researcher resources.

In addition to the client, parent, and carer questionnaires collected for this study, staff questionnaires were used with Programme B prior to conducting interviews. Programme B was the only programme where all staff members did not speak fluent English, and the use of questionnaires allowed me to obtain some feedback from all members of staff. Interviews were subsequently conducted with most staff members of Programme B, including two members of staff who did not speak English. As noted earlier, this interview was conducted in English using a third member of staff (chosen by the participants) as an interpreter.

Questionnaires provided an easy way to obtain answers from participants without their having to understand my Bosnian or working with a translator. Questionnaires were double-translated by myself and a professional translator, as advised by Alderson (1995). The children who were given questionnaires were accustomed to answering questions in written form, although they were sometimes influenced by one another's answers (Morrow, 1999), as evidenced by identical answers to some questions across questionnaires. Questionnaires tend to give only superficial information about participants (Edwards and Talbot, 1994; Alreck and Settle, 1995); hence the importance of combining questionnaires with other data-gathering methods (in this case, observation).

Questionnaires for this study were reviewed by my supervisors and fellow post-graduate students to avoid leading questions and confusing wording. Questionnaires were also reviewed with programme staff before being administered; changes made at the request of programme staff are discussed in Section 4.4. Two sets of questionnaires were used with programme clients. All clients of Programme A and Programme C were given the original questionnaire, but after administering this questionnaire to one class, Programme B decided that it was too difficult. A second, highly simplified questionnaire was developed for Programme B using Likert scale type ratings. Questions from all versions of the client questionnaires as well as parent/carers questionnaires and interview questions for staff are included in Appendix B. The negotiations that led to the creation of a second questionnaire are discussed in greater detail in Section 4.4.

At the request of staff of all three programmes, questionnaire distribution was done by the programme staff members or (in the case of Programme A) volunteers selected by the programme. Staff preferred to administer the questionnaires when I was not

present, explaining that they felt that it would be a double distraction for clients to deal with questionnaires and the presence of a researcher at the same time.

The greatest source of influence in questionnaires is likely to be the manner in which questionnaires were administered. Programme A required that all questionnaires be administered orally by volunteers selected by Programme A. The volunteers provided by Programme A had no background in social research, no knowledge of the local language, and a limited understanding of local culture. Programme A's volunteers were accompanied by translators regularly used in Programme A's sessions. This oral administration of questionnaires turned the questionnaires into more of a structured interview, inevitably affecting the data gathered. Harden et al. (2000) note that the power differential between adults and children may exacerbate the already existing tendencies of research participants to give what they perceive to be official answers rather than personal views during interviews. Further complications associated with this method of gathering data are discussed in Section 4.4. Questionnaires were administered in written form to parents and carers of Programme A clients, but still in the presence of these volunteers accompanied by Programme A's translators.

Both Programme B and Programme C appeared to sometimes administer the questionnaires in a test-like manner (i.e. with 'right' and 'wrong' answers). This was problematic, particularly as children tend to approach questionnaires in this way anyhow (Morrow, 1999; Dockrell et al., 2000). Children are accustomed to pleasing adults, and so may simply write whatever they think the researcher wants to hear on a questionnaire (Punch, 2002). I had emphasised the importance of explaining to children that there was "no right answer," but based on observation and reports, staff members neglected to heed this request. This may have limited the scope of children's answers, and may also explain the lack of negative feedback on questionnaires from Programme B's clients.

In an effort to obtain as high a response rate as possible as well as to make questionnaires more flexible, children were given the option of drawing an answer to a question in addition to or instead of writing. Giving children the option of drawing provides a choice of response method, and some believe it reveals the child's inner mind (Punch, 2002; Greig and Taylor, 1999). Unfortunately, drawings are difficult to interpret, with over-interpretation and misrepresentation by the researcher being two common problems. Children will sometimes draw something merely because they know how to draw it or because it happens to be in the room (Morrow, 1999; Backett-Milburn and McKie, 1999). Children may also copy their classmates, which is an equally signifi-

cant problem with written answers to questions. Researcher bias in the interpretation of drawings could be even higher than it is with photographs since it is sometimes very difficult to understand what it is that the child intended to draw; researchers may also over-interpret drawings (Morrow, 1999). Such biasing of answers was mediated through the use of multiple research techniques and by giving children the opportunity to write alongside their drawings, but the bias inherent to any study remains. Providing drawing as an option to the children in this study seemed particularly important because of their experience with trauma, and because it helped to engage the children in the research process.

In practice, children only elected to draw a picture in response to the final question: “Is there anything else you would like to tell or show me?” Here children drew pictures of flowers, hearts, houses, and people. Children did not appear to be drawing the pictures in order to portray a message, but rather as something to do while they waited for their peers to finish completing the questionnaires; this is evidenced by the generic nature of the picture themes as well as the fact that when comments were also written in this section they bore no clear connection to the picture.

Questionnaires were translated by staff of Programme A and back translated by myself, but as Adams (1974) notes, it is impossible to create a questionnaire that is free of any errors due to cultural or linguistic incompatibility. This problem is not, however, specific to foreign languages. Adams (1974) conducted a survey in Africa in English (the language of the schools), and although pretests were used, some students could not understand and misinterpreted some words in the final version of the questionnaire. Some of these errors were due to the use of American words when students only knew the British equivalent; other errors were due to vague or inaccurate cultural referents.

Parent, carer, and client questionnaire responses influenced field note interpretations. Due to access issues, most observation was already complete by the time questionnaires had been received; for this reason questionnaire responses did little to influence observations themselves, although observations definitely influenced my interpretation of questionnaire responses. It was, for example, easier to believe that clients of Programme B had no complaints after observing these clients’ very positive reactions to Programme B workshops.

3.1.4 Problems with a mixed-methods approach

All research findings are shaped by the circumstances of their production, so findings collected by different methods will differ in their form and

specificity to a degree that will make their direct comparison problematic.
(Bloor, 1997, p. 39)

Although this chapter has justified my use of a multi-methods approach, there are several critiques that need to be addressed. One criticism of multi-methods approaches is that different methods produce different types of findings, making comparisons difficult (Thurmond, 2001; Bloor, 1997). My use of a multi-methods approach did to some extent limit what comparisons I was able to make between data; however difficulty making comparisons was not limited to instances where I used different methods. The use of simplified questionnaires alongside unsimplified questionnaires, for example, made it difficult to produce a robust comparative analysis between questionnaires since the simplified questions were quite different from those on the original questionnaires (see Appendix B for question lists from both questionnaires). Another complicating factor was the different ways in which the different programmes administered questionnaires, discussed at length in Section 4.4.

Given the exploratory nature of this particular study, it seemed more important to obtain data from a range of participants than to limit my findings to the areas that allowed a more uniform methodology. Blaikie (2000) notes:

The methods used to conduct exploratory research need to be flexible and do not need to be as rigorous as those used to pursue other objectives. The researcher may need to be creative and resourceful in gaining access to the information required. (p. 73)

In this study, I found my multi-methods approach as well as my willingness to negotiate methods and access with programmes (discussed in Section 4.4) instrumental to my ability to obtain data from all three programmes. Although the use of flexible methods and negotiated access complicated the research process and analysis of data, I would not have been able to obtain data from staff and clients of all three programmes if I had been less flexible in my approach and methods.

Multiple methods often (and in this study did) reveal conflicting results within the same empirical domain. While researchers frequently criticise multi-methods approaches for this reason, Arksey and Knight (1999) note that such dissonant results can enrich research by refining data collection techniques and providing intellectual insights. Dissonances between the ways programmes in this study were described during interviews and in project proposals and actual observed programme activities were essential to research findings within this thesis. Where such dissonances were present, they are noted and explored in the findings chapters of this thesis in a way that makes

clear which construction I used in my own conclusions. I also sought to determine possible causes of dissonances between data sources, and potential explanations for these differences are found within the findings chapters of this thesis.

Although the use of a multiple methods approach is not without problems, in this study it allowed for the acquisition of a wealth of data that would not have otherwise been possible. As will be shown in the next chapter, programmes placed a variety of restrictions on how and when I was able to obtain information, and the flexibility of my study design was key to my ability to continue obtaining useful data given these circumstances.

3.2 Conducting research in a post-war environment

Because I conducted this research in a post-war region, any of my local participants could be viewed as vulnerable populations. This section briefly considers precautions taken to avoid further participant trauma. The next section examines issues specific to conducting research with children.

Concerns during the design of this project focused on the importance of not eliciting painful memories of war during interviews. I felt that discussions on this topic could be difficult for interviewees, and I saw no reason to take this risk since the goal of my research is to discover clients' views of therapeutic music programs regardless of their exposure to trauma. Although it might be interesting to know the extent of client exposure to the war, I felt that it was not worth the risk of putting clients through the agony of what they may have experienced during the war, and so no questions were asked on this topic. Holloway and Fullerton (1995) note that avoiding further stigmatisation is central to recovery from terror, and asking about war experiences could certainly further stigmatise clients as victims.

Any research project has the possibility of raising unforeseen ethical concerns, and this is especially the case with research conducted in a country recovering from major civil war. Research design was therefore conducted in partnership with directors of the therapeutic music programmes studied as well as under the supervision of a university professor familiar with both the music programmes being studied and the myriad of issues in Bosnia and Herzegovina, having served as an aid worker there during the war. Ethical issues encountered during this research project are discussed in the next chapter.

3.3 Conducting research with children

The most important question when working with children is whether research is being done with and for rather than on participants (Mayall, 1994). Research comes closer to being done for children when their views are taken seriously and they are given a say in matters that affect them (Mayall, 1994; Morrow, 1998). I hoped to provide the children participating in my research a sense of ownership of the project by explaining the aims of the research as clearly as possible and providing them with opportunities to make suggestions about the research process as well as providing a number of different ways for them to participate in the research process. I was not actually provided with the level of access needed to do this as much as I would have liked; this is discussed in Section 4.7.3.

Working with children is in many ways similar to working with adults, but with some small yet critically important differences. Firstly, the researcher has to find a way to cross the cultural and communication divide traditionally established between adults and children (Hazel, 1995). Children are less powerful than adults and therefore more vulnerable to exploitation (Harden et al., 2000). If research takes place in a school setting (as much of my research did), children may see the researcher as a teacher and therefore may approach some tasks as tests (Morrow, 1999). This was sometimes a problem in this study, as discussed in Section 3.1.3. Even with the difficulties of working in a school, power dynamics in a school setting are probably more visible and thus easier to take action against than the much more subtle and varied dynamics that take place in a home setting (Solberg, 1996). Unfortunately, the limited access programmes provided made it difficult for me to always ensure that clients were sufficiently informed about the study; this limited access also made it impossible for me to involve children in my study as much as I would have liked. These issues are discussed in detail in the next chapter.

One benefit I had with the children I worked with in the school settings is that, prior to the start of my research, students from the University of Edinburgh's Community Music programme regularly travelled to Bosnia to participate in workshops, so the children were not surprised to see another student from the same university. This did mean, however, that I needed to make sure that children understood that I had an additional role as a researcher besides being a mere participant in their workshop. I explained my research to children wherever possible, although my ability to do this was sometimes limited by the way I was introduced and how sessions were run by

programme staff as discussed in Section 4.7.2.

In general, using a variety of techniques is a good idea when working with children. Not only does it decrease the possibility of boredom (Hill, 1997), but it also provides respondents with a range of ways to express themselves. Participants may feel free to reveal information through one technique that they might withhold when using a different technique. In this study, children primarily expressed their opinions on questionnaires, but I also obtained feedback from children through participant observation. Issues with and limitations of questionnaires as a research method were discussed earlier in this chapter.

3.4 Data collection

This section further explains the manner in which data for this research were collected. The first part of this section discusses the five field visits made and the information gained on each visit. The second part of this section details sample recruitment. The final part of this section notes what data were gathered from each programme.

3.4.1 Field visits

Research data were collected over a series of five field visits that took place between November 2003 and November 2004. Further data (requests for clarification of responses to interview questions and basic information about programme staff services) were collected as necessary by telephone, post, and email. It was useful to collect research data over a 13-month period, as it enabled the examination of the programmes over time (Edwards and Talbot, 1994). The use of multiple field trips was also helpful, because it allowed time for reflection and continued research planning between trips. This section explains the purpose of each field visit.

12–18 November 2003

The primary purpose of this field visit was to familiarise myself with the programmes in Bosnia and Herzegovina and to introduce the idea of a research project to the leaders of the programmes. Much of this trip was spent in Sarajevo rather than in Mostar, conducting participant observation of workshops run by staff members from Programme B. Several sessions run in Sarajevo by staff of Programme B were observed, but by the time I had started gathering data from clients Programme B staff were no longer

conducting sessions with the groups observed. The observations of these workshops were useful, since it was during these workshops that programme staff introduced the themes of the workshops leading up to a final concert that I observed in my next visit; thus I was able to observe programme staff begin and end a project.

During this first field visit, I was introduced to various staff members of Programme A and Programme B. These early staff contacts proved essential to later efforts at working with both programmes, as these staff members had known me for nearly a year when I started my first non-observational data gathering trip and I was therefore not considered a complete outsider to the programmes.

2–9 May 2004

Questionnaire drafts were brought on this trip and shown to staff of Programme A and Programme B for their approval. Information sheets about the project were also distributed to programme staff.

Mostar had already been selected as my central research location at this point, but due to logistical problems this trip again concentrated almost entirely on work done by Programme B staff in Sarajevo with only one day spent in Mostar, where I spoke with Programme A staff, met Programme A's new director, Gladys, and watched a promotional video made by Programme A.

I was able to conduct participant observation of sessions run by staff of Programme B with mainstream schools in Sarajevo. Engaging in participant observation allowed me to experience first-hand the role staff of Programme B played during sessions. These workshops culminated in a multi-ethnic concert performance at the end of my visit. This concert performance was a collaboration between staff of Programme B and local musicians. The collaboration was organised by Gareth, an international academic who had been involved with Programme A and Programme B from their conception, and so it provided opportunities for me to observe the interactions between this international mentor and staff of Programme B. Because Programme B had broken off all non-funding-related contact with internationals immediately prior to the start of fieldwork, the workshops observed on this visit and the previous visit were run by staff members of Programme B but not the programme itself.

26 July–3 August 2004

This field visit was to Croatia, where clients of Programme A and Programme B were brought from Mostar to spend a week by the sea with staff members of Programme A and Programme B as well as staff members of a programme similar to Programme B being run in Kosovo. Gareth was in charge of this camp, assisted by staff members of the various programmes. It was very informative to observe Gareth's methods as he was the inspiration behind both Programme A and Programme B and had run many of the training workshops for Programme B's staff. The primary benefit of this field visit was that it allowed me to observe the interactions between Gareth and the staff of Programme A and Programme B. This field visit also allowed me to observe interactions between staff members of Programme A and Programme B, and it provided the opportunity of seeing a programme influenced by Programme B (Kosovo) in action. I chose to focus on direct observation rather than participant observation during this field visit in order to identify and analyse the specifics of the session process. Informal interviews were conducted with programme staff, particularly staff of Programme A.

21 September–12 October 2004

This was the first of two intensive data-gathering trips, with observations complemented by questionnaires and interviews. I distributed translated questionnaires to the staff of Programme A and Programme B and was able to collect some completed questionnaires from Programme B. During this trip I learned of the arrival of a third programme, Programme C, that combined the methods used by Programme A and Programme B. I arranged an interview with the director of Programme C and her husband (who also worked for Programme C), and she agreed to distribute some questionnaires to clients. Interviews were also conducted with staff of Programme A and Programme B, and further information was obtained through informal conversations with staff of Programme A and Programme B.

Besides questionnaires and interviews, many hours of this field visit were spent travelling with Programme B staff to observe their various workshops around the country. I was able to observe Programme B's work throughout their very diverse clientele, seeing staff work with young and old as well as disabled and non-disabled clients, and the hours spent travelling around the country provided excellent opportunities for informal interviews with programme staff and observation of staff interactions.

9–23 November 2004

This final data-gathering trip focused on completing questionnaires, observations, and interviews that were not obtained during the 21 September–12 October field visit. Since substantial observation of Programme B's work had been done during the previous data-gathering trip, observation during this trip focused primarily on Programme A. The staff members of Programme C were unavailable for consultation, observation, or interviews during this trip, although emails were exchanged subsequently. Nathalie (director of Programme C) also sent nine completed client questionnaires by post. Field visits were concluded after this trip as new data began to yield little to no additional insight (Gerson and Horowitz, 2002; Morse, 2003b) given the levels of access I had been able to secure.

3.4.2 Sample recruitment

Data for this research project were collected from the three therapeutic music programmes based in the city of Mostar. These programmes were selected for this research for three important reasons. Firstly, clients of all three programmes were referred to the programmes for the same reason (i.e. war trauma). Thus, although clients might have different additional stresses and varying levels of trauma, they (or their parents) shared the central experience of war with its resultant continuing tensions and conflicts. Secondly, the therapeutic music programmes pioneered in Bosnia and Herzegovina had expanded to other war-torn countries and could thus greatly benefit from research. Thirdly, staff of these programmes included both Western-trained music therapists and the amateurs who conduct therapeutic community music sessions, and I was interested in looking at both types of therapeutic music. Although Programme C incorporates both types of therapeutic music into a single programme, I was not aware of their existence until halfway through my project and they allowed the least access. It was also very useful analytically to have three programmes to compare and contrast.

The headquarters of all three programmes were in this city, although each programme also conducted sessions elsewhere. All current staff members of Programme A and Programme B participated in this study; access to Programme C was limited to two members of staff. Directors of all three programmes served as key informants, along with certain members of Programme B (Jonathan and Seth) and Jacob from Programme A (who spent much of his own time volunteering his perspective on a variety of issues).

Two non-programme informants were also used as sources for this study: Gareth, an academic who had been involved with Programme A and Programme B from their conception, and Miranda, who ran the music centre where Programme A was based during the study and where Programme B had been based prior to the start of this study.

Each programme selected the clients they perceived to be most capable of completing the questionnaires. While it would have been preferable for clients to be selected at random within programmes to complete questionnaires rather than being handpicked by programme staff, this level of access was not acceptable to any of the three programmes. Programmes appeared to be selecting clients based on their perception of the client's ability to complete the questionnaire rather than any other criteria (such as a client's enjoyment of the programme). Where group sessions were in place, programmes distributed questionnaires to each member of the group. Questionnaires were obtained from clients within and outwith the city of Mostar. Programme A's parent and carer respondents also came from both within and outwith Mostar.

3.4.3 Data gathered

This section discusses the data gathered from the programmes. As was previously explained, interviews were also conducted with two individuals (Gareth and Miranda) who were not employed by any of the three programmes but had ties to both Programme A and Programme B. Programme A and Programme C were both hesitant about an outside researcher observing their work, particularly a non-clinician. Programme B provided freer access to observe their work, possibly due to the less clinical nature of their programme. Table 3.1 summarises the data gathered from each program.

Programme A

Data were gathered from Programme A through observation, participant observation, interviews, and questionnaires. Total data used for analysis consisted of field notes written during and reflecting on observation and participant observation, 9 interviews with programme staff, 103 questionnaires designed for this research conducted with clients (86 questionnaires), parents (4 questionnaires), and carers (13 questionnaires), and 73 questionnaires created and distributed by Programme A in 2003 (before the start of this research project) to client parents (20 questionnaires), carers (4 questionnaires), and other members of the local (37 questionnaires) and international (12 ques-

	Programme A	Programme B	Programme C
Unsimplified client questionnaires	103	19	9
Simplified client questionnaires		190	
Parent questionnaires	4		
Carer questionnaires	13		
Staff questionnaires		8	
Staff interviews	9	8	1
Observation	✓	✓	

Table 3.1: Details by programme of data collected for this study.

Respondent	Number of Questionnaires
Client carers	4
Client parents	20
Local community members	37
International community members	12
TOTAL	73

Table 3.2: Details of the data collected through Programme A's self-designed questionnaires, which were distributed shortly before the start of fieldwork for this study.

tionnaires) community involved in the programme. Details of Programme A's self-designed questionnaires are summarised in Table 3.2. Questions from both this study's questionnaires and Programme A's 2003 questionnaire are included in Appendix B, alongside interview questions. Two staff members from Programme A were interviewed twice, and thirty of Programme A's clients completed questionnaires twice.

Clients who completed questionnaires twice did so first at the beginning of their therapy sessions and again after 6–8 therapy sessions. This double administration of questionnaires was done because Programme A had acquired a number of new clients during the first round of questionnaires, and Gladys (director of Programme A) felt that these clients would provide more accurate responses to the questionnaires after a few more sessions. Clients from Programme A who completed questionnaires only once were either unavailable for the second round of questionnaires or had been attending therapy sessions for a long time. Programme A did not feel that it was appropriate to ask long-term clients to complete the questionnaire twice, since their opinion was unlikely to change significantly over a 6–8 week period.

Questionnaires were distributed to clients and parents or carers at all of the outside locations where Programme A was conducting therapy at the time. Questionnaires were given to carers rather than parents for clients whose parents were either physically absent (e.g. orphaned clients) or where parents were completely uninvolved in the clients' therapy sessions (e.g. clients who received music therapy through an institution). These carers were members of staff at institutions that liaised with Programme A to obtain therapy services for clients. Carers frequently completed questionnaires for multiple clients; thus the questionnaires completed by carers represent 13 clients but were completed by only 4 carers. A single carer completed questionnaires for clients P1 through P5. Two carers worked together to complete questionnaires for clients C1 through C7. The final carer completed only a single questionnaire, for client SS34.

Questionnaires were only distributed to the parent of one of Programme A's in-house clients (i.e. those clients who come to the music centre to receive therapy). Programme A's reluctance to distribute the questionnaire to more of their in-house clients and their parents and carers was unclear. The vast majority of Programme A's music therapy is delivered out of house, with therapists travelling to sessions, so feedback was still obtained from most of Programme A's clients.

Programme A was not willing to provide questionnaires to the parents and carers of the majority of their clients. It was unclear whether this reluctance was due to concerns about taking up parent and carer time, logistical difficulties, or some other reason. Programme A had requested and obtained significant feedback from parents and carers in the past, as evidenced by the high percentage of parent and carer responses to their 2003 questionnaire (to which I had access).

Programme A did not allow any observation of their work until the final two field visits, although I did observe informal work done by staff members of Programme A at a summer camp for special needs children who receive services from Programme A and Programme B during my third field visit (see Section 3.4.1). During my final two field visits I was able to observe two of Programme A's one-to-one therapy sessions. I also observed three group therapy sessions and videotapes of four more one-to-one therapy sessions as well as one training session held by Programme A for members of Programme B. Observation was arranged for eight more therapy sessions but these opportunities were later denied by Gladys, the head music therapist and director of Programme A. Gladys made various practical but not ideological or ethical excuses to prevent my observing the therapy work, despite being the person with whom I had initially arranged the observations. All observation of Programme A's work with clients

was passive. I did not help run the sessions and did not participate apart from joining group songs when asked to do so during group therapy sessions.

Programme B

Data from Programme B were gathered using participant observation, interviews, and questionnaires. Total data for analysis consisted of field notes written during and reflecting on observation and participant observation, 8 questionnaires with staff, 8 interviews with staff, and 209 questionnaires from clients (190 simplified, 19 original). The interviews with staff members were used as a follow-up to staff questionnaires. This questionnaire completed by staff members consisted of all of the questions from the original interview schedule, and was used to obtain feedback from all staff members, regardless of English proficiency. Some staff members who were interviewed did not complete the questionnaire, and some staff members who completed the questionnaire declined to be interviewed.

Semi-structured interviews were conducted with both directors of Programme B and six other members of staff who were willing to give an hour of their time. Participant observation of work done by staff of Programme B was carried out during all five field visits, but was most focused during the fourth visit, when I was able to travel extensively with different programme staff members throughout the country to view their workshops in a variety of settings ranging from mainstream schools to a psychiatric institution.

Programme B works with special populations (a blind school, special needs classes, and a psychiatric institution) as well as with schoolchildren in primary grades 1–4 (aged 7–11). Although I observed work with all of these populations, questionnaires were only distributed to mainstream schoolchildren, in part because this has traditionally been the focus of Programme B's work but more because Programme B did not feel that it could allow the time that would have been required for special needs clients to complete the questionnaires. Questionnaires were not distributed to parents or carers, because Programme B staff felt that parents and carers knew little to nothing about their work. This assumption was supported by a number of client statements on questionnaires that they did not speak with their parents or carers about their music sessions.

Of the 209 questionnaires collected from Programme B clients, 19 were identical to those given to clients from Programme A. After piloting these original questionnaires with a Primary 4 class, however, staff members felt that this original questionnaire was

too difficult for children and took too much time. A simplified questionnaire was then prepared and given to the 190 remaining children. Samples of both questionnaires are provided in Appendix B, and the negotiation process that led to this change is discussed in more depth in Section 4.4.

Observation of Programme B was always participatory to varying degrees, ranging from full participation as an attendee at a teacher workshop run by Programme B to assisting with a concert. Most of my participation was passive or moderate; even when I participated in the teacher training programme as an attendee I was introduced to all in attendance as a student researching the programme and my status as a foreigner was clear to all participants. Programme B's help in this regard was much appreciated by me, as Wolcott (1999) and Denscombe (1998) note the importance of always ensuring that a researcher's role remains visible to all participants so as to prevent later complaints of deception. My level of participation varied depending on which staff members I was with and their personal preferences as well as the classroom situation. Sometimes I simply followed along with the workshop; other times I would sit to the side to take more detailed notes.

Programme C

I did not learn of Programme C's work until they moved their headquarters to Mostar during my fourth fieldwork trip, and therefore Programme C was not as involved in this study as Programme A and Programme B. Two staff members of Programme C (Nathalie and Harold) had worked for Programme A and Programme B respectively in the past, and this history may also have made Programme C more reluctant to participate in research, particularly because of the circumstances in which Nathalie (director of Programme C) left Programme A, as discussed in Section 10.1.3.

Programme C did not allow any observation of their work. One joint interview was conducted with Nathalie (director of Programme C) and her husband Harold (who also worked for Programme C). Nine questionnaires were collected from clients of Programme C who were involved in workshops at an orphanage in a nearby town; these were therapeutic community music clients (Programme C uses both traditional Western music therapy and therapeutic community music methods). No questionnaires were obtained from Programme C's Western music therapy clients. The nine questionnaires that were received from Programme C were sent to me by post after I had left the research field. Further questions (requesting clarification about the way the programme worked and interview answers) were answered by Nathalie via email. While it would

have been useful to obtain more information from Programme C (particularly through observation and more questionnaires), Nathalie made it clear that this was the level of study involvement with which Programme C was comfortable.

3.5 Analysis

Analysis was an ongoing process throughout the study. Literature on music as therapy, trauma, non-governmental organisations, and foreign aid provided the background for the development of analytical ideas. My analysis also developed through discoveries made during field visits and discussions with supervisors and colleagues as well as comments made during conference presentations. I entered this research project with a limited understanding of therapeutic music practices and the programmes being studied, and so early field visits involved adjusting the focus of my study.

Analysing data was a particularly complex process due to my use of multiple methods as well as the collection of data from multiple programmes and multiple sources within these programmes. I first carried out analysis of each individual programme, and then identified cross-programme themes. Statements were organised by theme, and significant statements were compared across programmes as advised by Ayres et al. (2003). Interviews, questionnaires, and field notes were coded for themes. As with the programmes, data sources were analysed separately before being combined. While some research areas (such as the comparison of client, parent, carer, and staff perceptions of the programmes studied and programme effects on clients and the community) had been principal study aims written into the initial research design, others (such as internal tension and inter-programme competition) emerged during fieldwork. Some themes were more pronounced in some programmes than others; for example, competition was a particularly salient theme for Programme A whereas international-local tensions were more readily apparent in Programme B. Since more data were available from Programme A and Programme B than Programme C, there is less representation of Programme C in findings chapters. Likewise, any findings regarding parents and carers are based on data from Programme A alone since the other programmes did not allow access to this group.

Coding was done in two ways. All interviews, field notes, and questionnaires were first coded manually using coloured pencils to identify themes. Some themes were later discarded due to a lack of data or because they seemed too distant from my central study aims. In my second round of analytical coding, the interviews, field notes,

and open-ended questionnaires were coded with the assistance of NVivo. I used my NVivo coding as a way to quickly retrieve data associated with themes. Quotes retrieved by NVivo were then re-read in context as advised by Catterall and Maclaran (1997). I divided the analytical themes into five main categories: staff accounts of the therapeutic process, perceptions of the therapeutic music programmes, community and communication, programme and local uncertainties, and programme and community tensions. Each of these categories comprises a findings chapter within this thesis.

Basic quantitative analysis was carried out on the simplified questionnaires distributed to Programme B's clients using SPSS and Microsoft Excel. This quantitative analysis was largely carried out in response to requests for information from Programme B's funding body. My quantitative analysis is not a focal point of this thesis, as the findings in this study are based on information from all three programmes and this type of questionnaire was not distributed to clients of Programme A or Programme C.

3.6 Possible benefits of research for participants

While it is impossible to promise true reciprocity to research participants (Glazer, 1972) and I did not provide any monetary or other incentives for participants in my research, there are ways in which participants might benefit from my research. The music therapy world has found a number of ways to evaluate the effectiveness of their work¹, yet little research has been done on what music therapy clients think about music therapy. This research might thus greatly benefit participants by making the voices of music therapy clients heard. Research participants also had the benefit of reflecting on their music programmes as well as the opportunity to express themselves and to share their views with a sympathetic listener (Warwick, 1982).

3.7 Reporting results

Study findings are based on observation, participant observation, interviews and questionnaires as well as documents provided by the programmes themselves. Findings are corroborated with quotes taken from interviews, questionnaires, and field notes. Interview and questionnaire quotes are reported verbatim excepting some corrections of

¹One of the most interesting forms of evaluation proposed by music therapists is the case study design described by Aldridge (2005b).

grammatical errors and the removal of some phrases used repetitively by clients (e.g. “you know,” “um,” “like”) to improve readability. Where grammatical errors and repetition did not overly interfere with readability, quotes were left intact. Wolcott (1994) advocates such editing of text:

A comment here about editing the words spoken by an interviewee... my working guideline is to strive for readability. I edit spoken words as necessary to help readers read and to put informants in the best light possible. I have no qualms about editing out extraneous material that may technically be part of the record but is of no consequence to the purpose at hand. I am reluctant even to report phrases spoken in non-standard English without first “correcting” them, unless I feel that the usage communicates something of an individual’s idiolect... or a regional dialect. (p. 66)

Staff of all three programmes were purposely given non-local pseudonyms. I selected names of various origins that would be easy for me to remember and that would not reveal the identity of the speaker to anyone else. I did not use local names because these frequently have ethnic connotations; some local staff members already had non-local names for this very reason. The pseudonyms I selected are not symbolic in any way and were not assigned to denote any particular characteristics of any staff members.

Single initials are used to identify participants who are not members of staff and who appear only briefly in field notes and quotations. Since there are a number of study informants, Appendix A details the affiliations of staff members and other primary informants and can serve as a reference throughout this thesis. Participants identified by single initials are not included in Appendix A.

Programme clients and their parents and carers are usually identified using letters and numbers. Letters identify common institutions or schools; within these institutions clients are numbered. For example, clients A5 and A12 would both be clients from institution or school A, but clients A5 and D5 would come from different institutions or schools. Where observations about clients are included in field notes, clients are assigned a random pseudonym within the field note.

Ethnic groups in Bosnia are based upon religious affiliation. Serb Bosnians may also be referred to as Orthodox Bosnians, Croat Bosnians may be referred to as Catholic Bosnians, and Muslim Bosnians may be referred to as Bosniaks. The titles Serb, Croat, and Muslim were most commonly used to denote ethnicity among research participants, and these are therefore the titles most commonly used throughout this thesis.

Semantics are somewhat difficult when discussing programmes that practice therapeutic music but are not Western music therapy programmes. In this thesis, the term therapist is reserved for staff members who completed clinical training on a Western music therapy course. This is in keeping with the way in which study participants addressed themselves, as none of the non-clinically trained staff described themselves as therapists even if they do consider their work to be therapeutic.

3.8 Discussion

The methods used to collect data in this study were selected for practical as well as epistemological reasons. I selected a multi-methods approach because it seemed the best way to obtain multiple viewpoints. The use of multiple methods also provided a level of flexibility that was essential for my aim of obtaining the desired information from all three programmes. Observation and participant observation allowed me to see the way these programmes function in practice, while interviews and questionnaires allowed me to analyse multiple viewpoints. Feedback from clients, parents, and carers was particularly limited since these participant groups were only able to provide feedback in response to the questions I wrote. These participant groups were also limited in their ability to participate in the research by the fact that limited access levels prevented me from explaining my research to these groups at a level that I felt was adequate; this is discussed in greater detail in the next chapter. Interview feedback was likely shaped by the questions I asked as well as staff member interpretations of my own verbal and visual feedback during the interview. The data gathered was limited by temporal and financial constraints. My hope is that this study will lead to future studies that can further illuminate the findings presented in this thesis.

This chapter has discussed the methods used for this study and the rationale behind my methodological approach, as well as particular methodological concerns with regard to conducting research in a post-war environment and conducting research with children. The process I used to collect data was also discussed, along with my analytical approach and the manner in which results are reported in this thesis. The next chapter reflects further on the research process.

Chapter 4

Research Reflections

All research is conducted within a particular context, which influences the conduct and outcome of the work. Research findings and the methods used to obtain these findings are, in many ways, co-productions. In this project, the research setting and the programmes studied raised many challenges that influenced the manner in which research was conducted and the resulting findings. This chapter outlines issues that emerged while conducting research and how I addressed these challenges.

The first section of this chapter discusses values and possible study biases. I then discuss challenges with working with a different culture and in a different language from my own. The negotiation of research methods with participants, different levels of programme participation, and organisational challenges are also discussed. The final sections examine ethical issues and explain how feedback was provided to research participants.

4.1 Values and bias

While it is impossible and undesirable for a researcher to be truly free of values, it is important to identify researcher values that may lead to possible biases or otherwise influence research (Scheyvens and Storey, 2003). As Burgess (1982) notes:

Participant observers have to consider how far they may influence the settings in which they work, how far their perceptions and analyses of the settings are influenced by personal relationships that they form with their informants, how far their work should be secret, and how far their personal attributes (for instance, age, sex, dress, social class, speech and ethnicity) influence the research. In short, participant observers have to assess their involvement and detachment in social situations. (p. 46)

Two clear sources of possible influence within this study were my identity as a musician and my identity as an international outsider conducting a study with international and local participants. Each of these areas is explored below, as well as other aspects of my personal background that may have influenced this research.

As a musician, I have a deep appreciation for music. While this might lead to a desire to see the best possible aspects of the programmes being studied, a love of music performance does not entail an uncritical belief in music therapy or any other therapeutic music programme. I entered this research project with a great appreciation for music, but I questioned the value of some music therapy I had encountered in the past. I have endeavoured to retain a level of objectivity in my research on music therapy, exploring rather than taking for granted its therapeutic potential. My musical aptitude was useful in this research since it allowed me to participate in sessions, and as a fellow musician I believe that I gained greater respect from research participants.

As a musician but not a music therapist, I found it easiest to identify with the less clinically-oriented work of the community musicians of Programme B, who primarily sought for their clients to have a positive experience through music. The fact that the clients of Programme B enjoyed what they were doing was often evident during the sessions I observed (see Section 8.1). This natural inclination to identify more with Programme B was balanced by the fact that I spent more time with staff of Programme A as I used their office as a workspace.

A second source of potential bias was the danger of identifying with international staff members over local staff. This was compounded by the fact that international staff appeared to expect that I would identify with them more than with local staff. Fortunately, I met many of the local staff members before I met international staff (due in part to the highly fluctuating nature of international staff), and so my longer acquaintance with many local staff members helped to temper my potential natural affinity with international staff. The fact that I was closer in age to the local staff than most of the international staff also moderated this possible source of bias. I also spent a great deal of time learning the local language and studying the history and culture of Bosnia and Herzegovina in order to better understand the context within which I was working. It remained important to keep this potential source of bias in mind, however, and the difficulty of balancing time between internationals and locals is discussed in detail in Section 4.2.

Bias and Connections

I obtained access to the research field through an academic who had been involved with both Programme A and Programme B and who was a strong proponent of the use of music as therapy. This academic accompanied me on my first three field trips. I felt that it was very important to travel on my own for the final two field trips. I wanted to separate myself from this academic in order to have a more independent relationship with the programmes. I needed to make it clear to the programmes that, while I wanted to learn about the use of music as therapy in a post-war setting, I was not necessarily an advocate for its use, and my study sought neither to prove nor disprove its effectiveness. Travelling on my own also allowed me to work on my own timetable and to interact with research participants without the presence of this academic, who (as someone heavily involved with both Programme A and Programme B from the beginning) could have a significant influence on the behaviour of research participants.

Researcher Background

Silverman (1994) underlines the importance of considering the researcher's own personal values and the effect of the researcher on the researcher setting. Researchers bring their own baggage to a project. Such background can be both an asset and a risk during the research process. Besides the issues already discussed with regards to my status as an international, I am also the daughter of a diplomat who helped arrange the first post-war Bosnian elections in 1996. While I was 16 at the time with little interest in what was happening and my father has since moved on to other parts of the world, this was something that I did disclose to my primary gatekeeper. It seemed both unnecessary and potentially damaging to tell this to the majority of research participants; such information could make me appear intimidating without reason, particularly as my father has not dealt with the Balkan region in any way since 1998 and has no intention of doing so in the future. While my father was supportive of my research proposal, I know very little about his involvement in the early elections (where he played a supporting rather than leading role anyhow) and have never heard his opinions on the war.

Another unusual piece of the past I bring with me as a researcher is my experience as a seven- and eight-year-old child living in Guatemala, a country that was at the time embroiled in civil war. While I never witnessed any violence in person, I was aware of things that were happening to acquaintances. I lived in a surreal world of armoured cars, guards with submachine guns on school buses, coup drills alongside fire

and earthquake drills, a hand grenade left at the base of my older brother's favoured climbing tree in front of our home, and a death threat to my father during the last ten days we lived there. The conflict in Guatemala was very different from that in Bosnia and Herzegovina, and I lived in the country during a period of relative peace under an elected civilian government despite two failed military coups and continuing guerilla warfare. I went to school with Guatemalans whose parents were making (and sometimes seeing brutal consequences of) decisions about which side to take, but these children were upper class and parents often had the option of fleeing the country, unlike the majority of the participants I worked with in Bosnia. I was able to leave the country after a mere eighteen months and who was only present in the first place as a highly protected foreign diplomat's daughter who did not have to pick sides and was blissfully unaware of my own country's foreign policies regarding the conflict. I was careful not to link my own experiences too closely to those of my participants, but felt that this background did help me on some level to empathise and understand some of the pressures that are present during civil war, especially from the point of view of a child.

4.2 Cultural divides

Cultural issues invariably affect research (Hammersley and Gomm, 1997). Two clear cultural divides emerged in this research. The first was my status as a foreigner. The second was my role as a PhD research student in the field. Each of these cultural divides is explored below.

The researcher as foreigner

I spent a great deal of time studying Serbo-Croatian before, during, and between field-work visits. While most people I worked with spoke English and interviews with all but two research participants were conducted in English, my knowledge of the local language was useful for verifying translations of questionnaires and understanding side comments made between local individuals. Basic proficiency in the local language also helped to establish me as someone who was genuinely interested in local people and the country in a similar way to that described by Whyte (1996) in his explanation of the value of speaking some Italian during his *Street Corner Society* fieldwork.

Corsaro and Molinari (2000) found that using a foreign researcher lessened the status difference between the researcher and children. My identity as a foreigner was

sometimes an asset in my research, consistently generating high levels of excitement and enthusiasm for my presence from children. At the same time, this excitement meant that I was more of a distraction to children during observations than I might have been if I were Bosnian. This was particularly the case while visiting the blind school in Sarajevo. In one of the sessions I observed, one girl spent the entire hour refusing to participate in the session, instead repeating over and over to me the few phrases she knew in English: “Hello. I speak English. Lesson. Britney Spears. How are you? Goodbye. Hello.”

One problem with being a foreigner was balancing time spent with other foreigners, particularly North Americans who were eager to see another North American. The head music therapist from Programme A, Gladys, frequently invited me to spend time with her eating out and seeing sites. When I was invited elsewhere on the final night of my last visit, Gladys expressed dismay, as she had apparently planned on my spending the evening with her.

While the simplest way to get to know the local staff was to spend evenings with them, this was difficult because they typically spent their evenings drinking and smoking, both activities I do not participate in. I did spend a number of evenings in local pubs, nonetheless. By my fourth and fifth field visits, my peculiar (non-drinking, non-smoking) lifestyle was well-known to local people and for the most part I was not invited on their rounds of smoke-filled pubs. I was invited along once on each of my two final field visits and accepted the invitation both times.

Although I did spend a bit more of my free time with international staff than with local staff, I believe that I was able to portray myself as someone who was genuinely interested in the local culture and who was not overly swayed by the opinions of other internationals. Local staff freely shared anecdotes about local history and their own lives with me. One local participant lent me a Bosnian movie they wanted me to see, and others suggested other movies that they felt would help me gain a greater understanding of their culture. By emphasising my interest in local culture as well as depicting myself as an individual who acted based on my own priorities and desires rather than local or international influences, I was able to maintain very good relations with international staff without damaging my relationships with local staff.

The researcher and previous university students

One important step I needed to take in establishing my identity in the field was to separate myself from previous students from my university. Prior to my research

project, undergraduate music students often went on placement to Bosnia to practice skills they had gained in a community music course. Projects were usually conducted through Programme B and had sometimes created friction between members of Programme B's staff and the students' mentor since (according to Programme B staff) student projects were frequently disorganised and required high levels of support from Programme B staff, sometimes with little advance notice. This friction had become significant enough to end the exchange programme. This context made it particularly important for me to explain to Programme B in particular that I had no intention of conducting a music project or demanding that they change their programme.

This history also made it crucial that I clarify the difference between undergraduate students and doctoral students to research participants. This process was made a bit more difficult as I had obtained access to Programme B through the same mentor used by undergraduates from the university. I had also been accompanied by undergraduates on two of my first three field visits, causing members of Programme B to associate me even more strongly with undergraduates from the university. Over time I was able to establish a relationship of mutual respect with the staff of Programme B, and I was able to leave on cordial and professional terms at the end of my research project.

4.3 Language

I had no knowledge of Serbo-Croatian when I undertook this research project, although two years of university-level Russian allowed for elementary listening and reading comprehension. I acquired a number of Serbo-Croatian textbooks prior to entering the field, and through continuous study I was able to understand most locals by the end of my fieldwork.

With one exception, interviews for this study were conducted in English. There were two staff members of Programme B who did not speak English well, and they requested a joint interview with a third member of staff (of their choosing) translating. This turned out to be a three-person rather than a two-person interview, as this staff member interjected her views alongside those of the two staff members who were meant to be interviewed. The benefit of this was that it allowed me to see staff of Programme B expressing different viewpoints in front of one another.

Questionnaires and information sheets were translated by Programme A's assistants. Alderson (1995) advises having translations checked by two or three readers. While I did not have the necessary funds to hire further translators for this task, I read the

translations before accepting them to ensure that they conveyed the intended message. Completed questionnaires were translated both by Programme A's assistants and myself to ensure correct translation. Despite having the questionnaires translated by locals, Programme B staff complained that some of the wording was awkward, a common problem with translated questionnaires (Adams, 1974). I received no such complaints from Programme C or Programme A.

Programme A administered client questionnaires orally using two North American volunteers. This was the only way Programme A would allow their clients to complete questionnaires, and they insisted on using these programme-selected volunteers rather than having me administer the questionnaires orally myself. Excepting two visits when the tape recorders did not work, all of these oral questionnaires were taped so that I was able to compare the volunteers' notes with the actual translations on the tape. This turned out to be very important, particularly as translators did not always translate everything:

I've been listening to a tape the volunteer made of her interviews with children in S. It's good to hear because the translators aren't translating absolutely everything and I can understand enough to get what they are missing. . . The translators are also suggesting answers to questions, which is actually a big problem, so we'll need to talk about that. (Field notes, 18 November 2004)

Two different translators were working with Programme A on this project, and both translators behaved the same way during interviews. When I tried to discuss this practice of suggesting answers to clients with the translators, they became defensive:

I tried to talk to Amy today about how she is influencing the answers and she claimed that she was giving the children both negative and positive options because the children didn't understand the questions and she said that Volunteer A did the same when she was administering the questionnaires. On the tapes Amy was definitely only giving positive options though and I really feel that the kids could answer the questions themselves but they aren't being given the time to think. (Field notes, 19 November 2004)

This incident highlights the difficulty of working with volunteer interviewers and translators who have no training in qualitative interviewing. While this oral administration of questionnaires did improve somewhat over time as volunteers and translators gained experience, I was never able to get the interviewers and translators to allow children as much time to think before answering questions as I would have liked. Adams (1974)

notes that translation is always a difficult issue, as there is no way (without tape recordings) of judging how much information is lost, and translators as well as respondents may choose to withhold information.

It was a natural process for the children to work with a translator since Programme A's clients almost always have a translator present during their therapy sessions.¹ A different assistant was used to translate for clients during the administration of questionnaires than the assistant the client was accustomed to seeing during therapy sessions to avoid the withholding of negative feedback. The assistant's affiliation with Programme A remained problematic in terms of potentially biasing the interview towards Programme A, but I did not have access to any other translators. It is doubtful that Programme A would have allowed the use of non-affiliated translators anyhow, given their protective attitude towards programme clients (see Section 3.4.3 and Section 4.4).

Some of the children Programme A works with at a local refugee camp did not speak Serbo-Croatian, and so could not be interviewed. A fellow refugee was initially sought out as a translator, but the only person available proved rather aggressive with children during interviews, and so I deemed it better to simply not administer questionnaires with these clients.

Conducting research in a second language always complicates the research process. Translators add an additional level of interpretation to participant responses, and because of this I felt that I needed to possess at least a basic familiarity with the local language in order to successfully conduct my research. My ability to understand Serbo-Croatian allowed me to identify problems with translations, ensuring greater accuracy. In this way, I was able to obtain meaningful and informative data for my study despite the linguistic challenges.

4.4 Negotiating methods with participants

The reality is that researchers rarely hold all of the control in the research process. (Scheyvens and Storey, 2003, p. 5)

Researchers do not always have control over the research process, and it is important to balance flexibility with obtaining the necessary research data (Hallowell et al.,

¹The only exception to this is for clients of the local therapists. I obtained data from only one of the local therapists' clients, in the form of a written questionnaire completed by the client's parent without the use of a translator.

2005). In this study, I allowed a great deal of participant influence in research design, particularly since (to the extent this was possible) I did not want to be perceived as yet another controlling foreigner. The power differential (and resulting tension) between internationals and locals in Bosnia and Herzegovina is discussed in detail in Section 10.3. Adams (1974) emphasises the importance of researchers being particularly flexible with regard to research plans when working in a culture other than their own.

Qualitative research design can place the means of change into participants' own hands (Finch, 1986), and this ability of participants to change the qualitative research process was very evident in this research. Although I consulted with Programme A and Programme B² while designing my research, I encountered challenges to my research design from both programmes once I sought to put this design into practice. In both instances, programme negotiations centred around client questionnaires.

Despite having orally agreed to participate in the research project and having approved my client questionnaires in advance, both Programme A and Programme B later felt that my questionnaires were too difficult for their clients. Programme A refused to have clients try to fill out the written questionnaires, since they felt this would be too challenging. Programme A eventually agreed to an oral administration of questionnaires, but allowed me no direct contact with programme clients. Instead, Programme A recruited two volunteers to "avoid bias," despite the fact that one of these volunteers was a close friend of Gladys and hardly likely to be free of bias. Both volunteers were North American women with no background in music therapy or social research, little knowledge of the local language, and little familiarity with Bosnian culture. While both volunteers were quite friendly and happy to help, it would probably have been much more effective (given permission from Programme A) for me to administer questionnaires myself. As noted by Harden et al. (2000), employing interviewers from outside the core research team can be problematic, particularly if (as in this case) the interviewers have only a limited familiarity with the research design and research questions. I was able to meet with these two volunteers to provide them with an overview of the research, but their understanding of the research was much less complete than it would have been if they had actually been involved with the research project.

Staff members of Programme B were also very reluctant to allow the distribution of

²Programme C was not involved in research design since it became part of my research at a later date. Programme C did not participate in all aspects of the research project but had no complaints about those aspects that they did choose to take part in.

questionnaires to clients. On my fourth field visit, two staff members did finally agree to give the questionnaires to one group of children, but were dismayed with the amount of time it took for the children to answer the questions and refused to hand out any more questionnaires. Before my final field visit, I used programme staff feedback from the previous trip to create a simplified questionnaire consisting of three questions using five Likert scale-type faces and a fourth open response question.³ Again there was a reluctance among staff of Programme B to distribute even simplified questionnaires. Staff members said that five faces were too many and that I should have only used three faces on the questionnaire. Fortunately, other staff members were willing to support my proposal of this simplified questionnaire, pointing out that the five faces matched the Bosnian 1–5 grading system. In the end, these simplified questionnaires were distributed to 190 students in four different schools.

Negotiated access did limit my study. The use of simplified questionnaires limited which comparisons and conclusions I could make, and Programme A's use of volunteers complicated data collection. The different ways in which questionnaires were distributed by the different programmes inevitably affected what data was gathered. Although negotiating access with Programme A and Programme B was occasionally difficult, I was fortunate to have some negotiated access. It would have been easier for programmes to simply decline to participate in aspects of research that they were not completely comfortable with, so I was very grateful for the willingness of Programme A and Programme B to negotiate a middle ground they were comfortable with.

4.5 Levels of cooperation

What is most important is that we respect the wishes or requirements of others—gatekeepers or research participants—for without their cooperation and goodwill, access may be denied and our research may never take place. (Hallowell et al., 2005, p. 83)

Burgess (1984) notes that research data provided from multiple programmes can be difficult to compare since access frequently differs between programmes. I was very fortunate to be provided with some access to all three therapeutic music programmes working in Mostar, particularly given the competitive atmosphere between the programmes (see Section 10.1). As might be expected, different programmes were willing to provide different levels of cooperation.

³Questions from the simplified and unsimplified questionnaires may be found in Appendix B.

Hammersley and Atkinson (1995) note that gatekeepers frequently block access as a way of controlling the researcher's eventual portrayal of their organisation. None of the programmes in this study provided direct access to clients, and Programme A was the only programme to provide any access to parents and carers. There was sometimes a reluctance from Programme B staff in particular to participate in my research, although this seemed to be due to the effort required on their part rather than a desire to control my portrayal of their work. While Programme C did not verbally express any reluctance, they chose not to participate in many aspects of the research (such as allowing observation, extensive interviewing of staff, and the distribution of questionnaires to multiple groups of clients).

Programme A was very reluctant to allow any observation of their work. When permission was finally granted, it was sporadic. In the end, I was able to do only half of the promised observations; for the rest of the time Gladys (the director of Programme A) gave various excuses as to why I could not go along, despite having been the person with whom I originally arranged the observations.

The reluctance of Programme A to permit observation may have been due to their difficulty understanding the exploratory nature of my research. It took a great deal of explaining to obtain permission to observe therapy sessions that were in their early stages, since clients in these early sessions were typically less responsive and programme staff worried that this lower level of client responsiveness would reflect poorly on their work:

Laura explains to me that this is the first week with these groups. She was a bit reluctant for me to come along for this reason at first, but seemed fine once I explained that I would take that into consideration. (Field notes, 10 November 2004)

Programme A seemed to view my research as an assessment exercise more than the other programmes, saying that this was natural since they would be hurt the most if my research showed that no single programme was more effective than the others—despite my repeated assurances that my research would not measure levels of programme effectiveness. Programme A's retraction of previously-agreed observation opportunities may be due to these feelings of vulnerability. It is important to note that, during field research, Programme A was financially the most vulnerable of the three programmes with only very short-term funding secured. Longer-term funding (for one full year) was obtained at the end of fieldwork, making Programme A's financial situation more similar to that of Programme B and Programme C. The uncertain finances of all three

programmes are discussed in greater depth in Section 9.1.

Programme staff may have very important reasons for blocking researcher access. One member of Programme A, Amy, was difficult to reach for an interview. Once I explained what my questions were, she was happy to be of assistance, and explained that her early reluctance was due to a recent television interview during which she broke down emotionally in response to a question that had seemed quite innocent but which struck a particularly sensitive chord for Amy. This incident reveals the vulnerability of local community members following a conflict on the scale of the 1992–96 Bosnian war, and highlights the importance of sensitivity when approaching any research in this type of setting.

In some ways, Programme A was the most supportive programme. Programme A helped me arrange accommodation for my fourth and fifth field visits. They also allowed me to use their office as a work base. Programme B apologised for not helping me more with practical matters such as accommodation, explaining that they were simply too busy.

Programme B allowed extensive observation of their work on a daily basis during my first intensive data collection trip (fourth field visit). When I returned for my final field visit, Programme B offered no further opportunities for observation, saying they felt that I had already seen everything and that they therefore saw no need for me to continue gathering information. I was invited to sit in on any planning meetings and was free to come and go at their office as I wished during work hours. I was able to conduct eight interviews with staff of Programme B, although two interviews were no-shows the first time around and had to be rescheduled. The no-show interviewees did not appear to purposely miss their first scheduled interviews. One interviewee simply never saw me at the appointed meeting place and the second forgot, as he had unwittingly scheduled the interview to coincide with a local holiday.

On the first intensive data collection trip (my fourth field visit), Programme B staff members agreed to fill out staff questionnaires but then put them off until the day before I was due to leave. I had heard from staff members of Programme A that some staff members of Programme B had almost no formal education, and this was evidenced by the difficulty some staff of Programme B appeared to have writing answers on questionnaires. One staff member took over an hour to write answers to the eleven questions (see questions in Appendix B), although when he gave me his completed questionnaire each answer was no more than one sentence in length. Somewhat ironically but also fortuitously, the staff members with the least formal education spoke the

best English, having worked for Programme B/Beta⁴ since the start of the programme and having spent large amounts of time with English-speaking undergraduates who had travelled to Bosnia and Herzegovina to collaborate with Programme B on various musical projects. I was able to conduct follow-up interviews with all of these original staff members.

Programme B was quite reluctant to participate in my research until their funding body expressed an interest in the research results:

I was talking with Martha today. She is more excited now about my research because she told her funder about it and he got really interested. They need to do questionnaires for their funder and I offered to help with that...it should be a good way to get data for my research. (Field notes, 11 October 2004)

Once fieldwork was completed, it was the funding body of Programme B, not Programme B staff, who requested research feedback. Programme B showed very little interest in the actual research findings, instead being relieved to have one less obligation to their funding body.

Programme C provided no direct access to their work other than one initial interview with two members of staff, but Nathalie (programme director and head music therapist) answered many questions via email and posted questionnaires and other pertinent material.

These differing levels of cooperation influenced data analysis. Since Programme A provided the greatest amount of data, their responses are frequently emphasised in findings chapters, and the very limited access provided by Programme C meant that I could draw only very limited conclusions with regard to this programme. The different levels of access provided by programmes are also important analytically. Programme C's limited involvement in my research is reflective of their limited history within Mostar and might also be tied to their negative history with Programme A (discussed in Section 10.1.3). Programme A's fear that my research findings might damage their programme could be linked to the fact that they were the only programme claiming to provide the *most* effective therapeutic music services as well as the fact that they had the least secure funding of the three programmes during fieldwork. Western music therapists also appear generally reluctant to have their work researched by outsiders. For example, Amir (1993) emphasises that more qualitative research on Western music therapy is needed, but notes that such research should be conducted only by an

⁴See Section 1.2.2 for an explanation of the connection between Programme B and Beta.

accomplished clinician. Programme B's disinterest in research findings and the difficulty experienced by staff with regard to questionnaires might reflect the lower levels of formal education completed by staff of this programme. Thus, different levels of access revealed analytically significant data despite limiting analytical findings in other ways.

4.6 Lack of organisation

Based on my observations, there appeared to be a lack of organisation within the programmes and the national government. This lack of organisation is briefly discussed here only to the extent that it affected data collection; it is discussed in greater detail in Section 9.3.

One particularly salient example of how this lack of organisation impacted upon data collection is the disorganisation within the local educational system. During a visit to a school with Programme B, the principal of the school walked into the teachers' lounge during the mid-morning break. The principal read a fax he had just received, informing the school that all schools in the country would be closed the next day in honour of Teacher Appreciation Day. The decision to close the country's schools had been made that morning by the Ministry of Education.

This type of last-minute change on a nationwide level appeared to increase the already poor organisation of local programmes, as they faced those plans they had made being changed by outside forces with no advance notice. This particular event (an impromptu holiday) led to the loss of a full day of observation for my research and left Programme B to find a way to occupy themselves in their office for the day.

Some observation opportunities were lost due to a lack of organisation within the programmes themselves. On one occasion, there was a miscommunication between Programme A and Programme B regarding a training session that led to the training session being cancelled. Other observation sessions were cancelled due to miscommunication between staff within individual programmes. Despite the frustration of lost research opportunities, being aware and having to deal with organisational challenges was helpful analytically, as discussed in Chapter 9.

4.7 Ethical issues

Davis et al. (2000) note that researchers encounter ethical issues and are forced to make

ethical decisions on a daily basis. Ethical issues that I identified in this research project were related to my status as a foreigner, informed consent, working with children and disabled participants, and working with competing programmes. Each of these ethical issues is explored below.

4.7.1 Foreign status

My status as a foreigner, already discussed as a practical challenge in Section 4.2, also presented ethical difficulties. In a country where foreigners possess so much power that even the presidents of the country are in danger of being dismissed by a foreigner (the High Representative), one cannot take one's status as a foreigner lightly. In addition, there was a perception that, as a foreigner, I had both endless opportunities and unlimited wealth, and local people had difficulty distinguishing between my lowly financial status as a self-funding postgraduate student and the status of other internationals who visited the country. Seth explained the common perception of someone like myself:

They will think first thing that you are a journalist and they would think about, ah, why she come here, she's just getting some money from some NGOs, you know, and she come and do some stupid interviews and she left. That's the most thing. (Seth, Programme B)

I gradually gained the trust of the local people by spending time with them and allowing them to trust me in their own due course. My lack of finances became more apparent when local people discovered my living accommodation (with a leaking roof and no heating).

4.7.2 Informed consent

We would argue that in certain circumstances, consent should be achieved verbally in an informal, undocumented way. (Scheyvens et al., 2003, p. 144)

Informed consent proved to be a difficult aspect of this research project. Like Whyte (1996), I found that some attempts to explain my research were met with silence from participants or disinterested comments, such as, "Yeah, we know what you're doing," although it was clear that they did not. I had prepared information sheets for all research participants, including programme staff. I gave the information sheets to programme staff and orally explained my research, but it became clear over time that

most of my staff participants had either not listened to or not understood my explanation. Staff participants developed their own perceptions of my work (again something experienced by Whyte while conducting his research for *Street Corner Society*), mostly revolving around a central idea that I was doing a project for university. I continued to explain my research wherever the opportunity was afforded, at least to the extent of ensuring that participants understood that research findings would be written up and published (Mason, 1996).

I gave all three programmes information sheets to distribute along with questionnaires, an important step in any research project (Alderson, 1995). To my knowledge, neither Programme B nor Programme C actually distributed any information sheets, despite having told me how many copies they needed and having approved the sheets. Programme A provided information sheets to parents and carers where they were obtaining data directly from them rather than from clients, but they did not give information sheets to the clients, despite having approved information sheets that had been prepared for this specific purpose. This may have been because Programme A did not want their clients thinking about the therapeutic aspects of their work and my information sheets specified that I was studying the use of music as therapy for war trauma (information sheets were written before I discovered that clients were usually not aware of the therapeutic intent of the programmes). It is unclear why the programmes approved the information sheets if they had no intention of distributing them. Information sheets may have been a complicating factor for programme staff, or they may have simply not considered them sufficiently important to bother distributing. It is also possible that programme staff approved my information sheets without taking the time to read through them carefully and later found them objectionable; this might also explain why programme staff later had issues with my pre-approved questionnaires.

Although Programme B did not distribute information sheets in my presence, they were conscientious about introducing me to their clients and telling them about me when I went along to observe workshops:

Aida tells the kids that I'm from California where the sun shines all the time. She is teaching them about "indianci"; she says that they are using American songs because I'm American. (Field notes, 11 October 2004)

Staff of Programme B would often incorporate me into their workshops, having clients perform their favourite songs and allowing clients to ask me questions. The clients seemed to enjoy this interaction and seemed quite happy to have me there. Programme

A would sometimes introduce me by name, but otherwise made no effort to explain my presence to clients during observations.

I had originally intended to obtain signed consent forms as is the practice with most qualitative research. It soon became apparent, however, that this would not be possible. Participants (including programme staff) were reluctant to sign their name on any document. Signing a document appeared to make research participants feel that they were making an irreversible commitment to the research, even though they were told that they could leave the research project at any time. This reluctance to sign written documents may also have arisen from some desire to maintain privacy (Coomber, 2002; Scheyvens et al., 2003), as I did not learn the full names of any local employees of Programme C and of only one local employee of Programme B. Programme A had employees' full names posted publicly. Full names are problematic in Bosnia and Herzegovina, as they indicate ethnicity in a region where ethnicity is at the heart of civil tension. Apart from ethnic connotations, local participants appeared to be uncomfortable with any formalities that emerged in the research process (such as the typed information forms discussed earlier in this section).

Even in studies where signed consent forms are used they can be problematic. Consent forms sometimes cause the researcher to lose credibility with participants, and are not always signed with a true name, in which case the purpose of a signed consent form is lost (Coomber, 2002). Due to the high level of participant unease regarding signed consent in this study, I resorted to an oral consent measure whereby each participant was asked for permission orally before each step of the research process. The most important part of this process was for participants to understand that they could withdraw from the research project at any point in time (Fine and Sandstrom, 1988; Masson, 2000; Guillemin and Gillam, 2004). This method proved quite effective and participants clearly understood, as both clients and programme staff did refuse to participate in some elements of the research. Programme staff sometimes declined to answer questions and sometimes withheld permission for me to observe their work. Some clients declined to be interviewed for Programme A's oral administration of questionnaires. Conditions clearly were set up so that clients felt free to refuse consent, something children in particular rarely feel free to do (Masson, 2000; Homan, 1991; Mason, 1996).

Parental consent for client participation in the study was not requested as none of the programmes felt that this would be appropriate or necessary. The clients who completed questionnaires from Programme C were orphans living in an orphanage;

parents of Programme B's clients were not necessarily familiar with the programme. Programme A had signed consent forms from parents on file permitting the use of their children as research subjects for projects related to Programme A, and Programme A preferred to use this consent form rather than requesting that parents sign a separate form for my research.

Participants were promised complete confidentiality with the exception of cases where potential abuse was revealed. No evidence of abuse was revealed during data collection, but it is always important to notify participants of any limits to confidentiality (Darlington and Scott, 2002).

4.7.3 Programme restriction of access to clients

Darlington and Scott (2002) note that researchers working with children should ensure that children understand why the researcher is present, provide children with as much information about the research project as possible, consult with children throughout the research process, and provide feedback to children to check for misinterpretations. Information sheets were provided for clients, but, as discussed in Section 4.7.2, these information sheets were not actually given to clients by programme staff. Since I had no direct access to clients, the level of information that clients were given about this research was largely dictated by whichever programme staff member handed out questionnaires or was in charge of the sessions I observed. Some staff of Programme B in particular were happy to discuss my research with clients; other staff of Programme A and Programme B explained my presence and questionnaires only to the extent that clients asked direct questions.

Since the clients of all three programmes were either children or suffered from physical and mental disabilities, it was important to ensure that any questionnaires or other data-gathering methods I used in this study were sensitive to the needs of these participants. Lewis and Lindsay (2000) advise that, when doing research with children with learning difficulties, one should establish relationships, make sure the setting is familiar, be prepared for unexpected answers, and be aware of one's own preconceptions regarding each client's disability. Programme A provided volunteers to administer questionnaires to participants, leaving little control over the way in which questionnaires were administered; difficulties with this situation were discussed earlier in this chapter (see Section 4.4). The most severely disabled clients of Programme A were not asked to complete questionnaires, both because Programme A felt that they

did not possess the verbal ability to do so and because it was unlikely that they would be able to give truly informed consent (Detheridge, 2000). It is difficult to balance ensuring true informed consent with providing opportunities for disabled clients to express their opinions. Where possible, questionnaires were completed by the parents or carers of the most severely disabled clients of Programme A so that they might have some representation in the research findings. Programme B and Programme C both requested that I simply not collect questionnaire data from any of their disabled clients, a request I honoured.

Alderson (2000) notes that children are often excluded from research because of inaccurate conceptions of children's abilities:

One major obstacle in conducting research with children concerns infantilizing them, perceiving and treating them as immature and, in so doing, producing evidence to reinforce notions of their incompetence. (p. 243)

In this research, the infantilisation of both children and disabled clients by programme staff limited the amount of data that I was permitted to collect from clients. While the Western world has increasingly emphasised children's rights with documents such as the United Nations' *Convention on the Rights of the Child* (United Nations, 1990), this portrayal of children was given by both Western and local staff of the programmes studied.

4.7.4 Working with competing programmes

Conducting research with three competing programmes made it very important that I maintain neutrality. Although my level of acquaintance with each of the programmes differed due to the widely varying levels of interaction granted by the programmes (see Section 4.5), I emerged from the research process with no allegiances to any programme, although I continued to find it easier to identify with the therapeutic community music method than with Western music therapy, as discussed previously in Section 4.1. While I spent the most time physically with Programme A due to their willingness to allow me to use their office facilities, this was balanced by the fact that I had known members of Programme B longer than staff members of the other programmes.

Researching competing programmes required me to be especially careful about maintaining the confidentiality promised to my research participants, particularly since some programme staff members tried to obtain information that they could use against

the other programmes. On one occasion, for example, a member of staff from one programme asked how my research was progressing with another programme. I told this member of staff that I was waiting for questionnaires to be returned and was dismayed to learn that he/she had gone on to tell the other programme's funding body that the other programme was not cooperating with my research. When questioned, this member of staff told me that he/she was only trying to help me complete my research, but the competitive history between the two programmes involved in this incident (see Chapter 10) likely played a role as well in his/her decision to approach the other programme's funding body.

The competitive relationship of the three programmes also meant I needed sensitivity when presenting research findings. It was essential (both during and after fieldwork) that I not give any programme information that one programme could use against one of the other programmes, thereby breaking the trust each programme had placed in me as a researcher. I discussed feedback with each of the programmes to determine what information would serve their programme best; this is discussed in the next section.

4.8 Providing feedback

Before, during and after fieldwork it is important to consider what you can give back to those who have provided you with assistance. Your informants give up their time and provide you with information, but what do you give back in return? (Scheyvens et al., 2003, p. 155)

While researchers can never promise true reciprocity, it is important to reciprocate where possible (Glazer, 1972; Scheyvens et al., 2003). Providing feedback to research participants may improve access, and it is a way of thanking participants. Providing feedback also encourages the researcher to ponder the policy and service implications of their research (Bloor, 1997).

Spradley (1980) advises that researchers "include a dialogue with informants to explore ways in which the study can be useful to informants" (pp. 22–23). All three organisations studied had some interest in the findings of this study, and I discussed with each programme how my study might be useful to them. I then delivered these findings as best I could. Feedback was provided to programmes directly and, where requested, to the funding bodies of the programmes as well. All feedback was communicated via email, and tailored to meet the specific needs of each programme.

Academic investigation can provide valuable feedback and serve as a reality check

to NGOs (Saxby, 1996), but few agencies have their work assessed independently and even fewer publish the results of these assessments—despite demanding large amounts of information from local project holders (Sogge, 1996). As Sogge and Zadek (1996) state, “Evaluation has become a form of accounting to funders, rather than one of accountability to other stake-holders or a basis for self-examination” (p. 89).

Within this study, Programme A and Programme B were most interested in my research findings, as they hoped to use them to bolster their funding applications. Programme B’s funding body contacted me directly for research findings within a month of my return from my final field visit. Programme A was concerned that my study findings might hurt their programme, despite my repeated assertions that my research was not an evaluation of programme effectiveness:

Gladys said that they (all of the groups being studied) were endangered by my research in that they ran a risk of no programme being shown to be more effective than another. (Field notes, 16 November 2004)

Programme A appeared to be the only programme justifying their presence in Bosnia and Herzegovina with the idea that their programme’s work was the most effective, and this may explain the constant concern Gladys (director of Programme A) felt about what was happening in my research with Programme B and Programme C. This situation was discussed at greater length in Section 4.7.4.

Programme C had a strategy to acquire local funding through the local education system, and did not appear to feel that research findings could strengthen their argument for funding. While this could in part explain Programme C’s lesser involvement with my research, there are other explanations for this phenomenon as well, such as Programme C’s background with Programme A and Programme B (see Section 10.1) and the fact that I did not approach Programme C about participating in research until midway through my fourth field visit.

Researchers should try to reciprocate the efforts put forth by their participants as much as possible (Glazer, 1972), but there is no guarantee that my research findings will actually boost programmes’ funding applications—particularly since this study does not evaluate programme effectiveness. I did explain this to Programme A and Programme B in particular (since they were the most interested in this application of research results) but they will undoubtedly be disappointed if results are less complimentary than they had hoped. Research findings should nonetheless provide useful feedback to all three programmes that might help them improve their services. Research

also benefits participants by providing opportunities for reflection, self-expression, and the possibility of new insights gained during the research process (Warwick, 1982).

I had hoped to provide feedback to children and other clients and parents and carers as well, as advised by Lewis and Lindsay (2000) and others. Unfortunately, none of the programmes were interested in distributing this information to clients, parents, and carers, and I had no access to these participant groups other than through the programmes studied. Involving clients, parents, and carers in this research was extremely difficult throughout the study, as I had no direct access to parents and carers and my only access to clients was while conducting observations of programme sessions.

4.9 Discussion

This chapter reflects on challenges encountered during fieldwork and how these challenges were addressed. Practical challenges such as cultural divides and language were considered and accounted for during the research process. The negotiation of methods by programmes, widely varying levels of cooperation between programmes, and a lack of organisation on both a national and programme level affected the data that could be collected for this study. Limited access to some participant groups (parents, carers, and clients) made it impossible to provide feedback on research findings to these groups without programme support. Ethical issues included the power imbalance resulting from my status as a foreigner as well as difficulty obtaining informed consent, negotiating research between competing programmes, and efforts (with limited success) at including children and particularly disabled participants in research.

Some of the ethical dilemmas I faced were due to programme restrictions placed on my research. I felt that it was important for clients, parents, and carers to have a clear perception of the purpose of my research and I wanted these groups to receive feedback as to research findings, but none of the programmes allowed this level of access. My desire to notify the parents of clients completing questionnaires about the study was also limited to those parents the programmes chose to notify.

Although many challenges (particularly those tied to programmes maintaining control over what data I was able to gather) are common issues encountered during research on organisations and programmes, some of the challenges I encountered were specific to the context within which this research took place. Participant reluctance to sign informed consent indicates that this may not be a common practice in Bosnia and Herzegovina and emphasises the importance of sensitising research methods to the

local culture. Other research issues, such as Amy's fear that my interview questions might reawaken old traumas and the effect of the lack of local organisation on my scheduled observations, were also tied to the local context.

This chapter has reflected on the research process and the ways in which challenges encountered during research were resolved. The next chapter discusses the cultural and historical context within which the programmes operate.

Chapter 5

Cultural and Historical Context

It is generally agreed, among people with widely divergent perspectives on wartime and post-war Bosnia, that the situation of BiH remains precarious in almost every sense, and that the shape of the future is uncertain. (Bose, 2002, p. 4)

This chapter provides a brief overview of Bosnia and Herzegovina's history from 1992 onwards and presents the country's current outlook based on literature and research data. A general review of Bosnia and Herzegovina's history prior to 1992 may be found in Appendix E, and a time-line of important events in the history of Bosnia and Herzegovina is presented in Appendix F. The programmes studied are deeply affected by the cultural and historical context in which they operate, as shown in Chapter 9 and Chapter 10.

The first section of this chapter details the geographical location of the study. This is followed by a literature-based section about the 1992–96 war. The final two sections examine life in Bosnia and Herzegovina and the future of Bosnia and Herzegovina, drawing on both literature and research data.

5.1 Geography

Bosnia and Herzegovina is one of the six states that made up former Yugoslavia, sharing borders with Croatia and Serbia and Montenegro. Already split into two geographic regions (Bosnia and Herzegovina), the Dayton Accord that ended the 1992–96 war divided the country into two political bodies. The Dayton split gave the Serb Republic (Republica Srpska) control of 49% of the country and the Muslim-Croat Federation (The Federation of Bosnia and Herzegovina) control of 51% of the country (see Fig-



Figure 5.1: A map of Bosnia and Herzegovina showing its division into Republika Srpska and the Federation of Bosnia and Herzegovina. Croatia borders on the south, west, and north, Serbia borders on the east, and Montenegro borders on the south-east.



Figure 5.2: A view of the Neretva River from the reconstructed Mostar Bridge.

ure 5.1). Mostar, the city where all three programmes are based, is found within the Muslim-Croat Federation, but the programmes operate in the Serb Republic as well.

As may be seen in Figure 5.2, Mostar is a region of great natural beauty with the Mediterranean climate found throughout Herzegovina. The city flanks the azure Neretva River, which roughly divides the Muslim and Croat sections of the city. During the 1992–96 conflict, the historic bridge for which this city was named (Bijavica and Njavro, 2004) was destroyed. During the period of this study, the bridge was reconstructed, reopening 23 July 2004. The restoration of the Mostar Bridge was considered by the local and international communities to be central to reconciliation efforts, because it has long been considered a symbol of unity for Mostar and Bosnia and Herzegovina (Silber and Little, 1996). However, as Section 5.3 and Section 5.4 show, the restoration of this symbol of unity is far ahead of actual unity within the country.

5.2 Bosnia and Herzegovina and the 1992-96 war

It is important to understand the background of the 1992–96 war as it was the entire reason for the existence of the programmes studied. The 1992–96 war is also very important contextually, as the physical effects are still evident throughout the country (see Section 5.3.3) and it was referred to frequently by research participants and other locals (see Section 5.3.1).

Although Serbs are blamed for instigating the war,¹ fighting took place between all three ethnicities, with victims as well as belligerents among all three groups (Bose, 2002). The involvement of all three ethnic groups as both victims and belligerents allows the programmes in this study to justify the provision of therapeutic sessions for all three ethnic groups. Mostar, the city that had provided a refuge from the inter-ethnic fighting that took place in the rest of Bosnia and Herzegovina during World War II (see Appendix E), succumbed to the inter-ethnic battles of the 1992–96 war. Mostar's military airport and strategic position proved too tempting; both Serbs and Croats claimed Mostar for their own, with neither side thinking of the Muslims (Glenny, 1992). Muslims initially allied themselves with Croats, defending the city from Serbs only to be turned on later by their Croat allies.

Fighting in Mostar between Croats and Muslims erupted after Croats abducted a 17-year-old Muslim girl. They took her to the Mostar Gymnasium (secondary school), gang-raping her before throwing her out of a top story window to her death (Bose, 2002). Donia and Fine (1994) describe the scale of fighting that took place in Herzegovina in and around Mostar:

The Croatian-Bosnian fighting in 1993 was among the war's bitterest, accompanied by vicious campaigns of ethnic cleansing by both sides. Intense combat took place in central Bosnia and in Herzegovina near the city of Mostar. Croatian forces surrounded and isolated Mostar, subjecting its civilian population to heavy bombardment and leaving thousands of its principally Muslim inhabitants trapped without basic provisions . . . Croatian military pressure effectively divided the city into a Croatian section to the west of the Neretva River and a Muslim section to the east, destroying a city that had been a center of multiethnic tolerance for many centuries. (p. 252)

¹Serbs are blamed for the war for a number of reasons. Commentators note that Serbs resorted to force before Bosnia and Herzegovina's government policy of multiethnicity could be tested and even before the government sought independence from Yugoslavia. Other reasons include the Serbs' demand for independence for territories in which they were not the majority with no prior standing as political units of any kind, and the fact that Serbs sought to cleanse the minorities of the territories where they seized control rather than respecting the rights of local minority groups (Kofman, 2001).

The city famous for protecting its residents regardless of ethnicity (Bose, 2002) became one of the most devastated regions of Bosnia and Herzegovina. Fighting between Croats and Muslims reached its peak with the destruction of the symbolically and politically significant Mostar Bridge by Croat forces on 9 November 1993, an event reported around the world. Donia and Fine (1994) describe the impact of this event:

Dating from 1556, the Mostar bridge was treasured by members of all three ethnic groups and by millions of foreign tourists who had visited it over the years. Along with the physical suffering inflicted on Mostar's civilians and the nearly total devastation of the city, the mindless destruction of the Mostar bridge deepened the despair of those who still hoped to preserve pluralism and a multiethnic society in Bosnia and Herzegovina. (p. 253)

Silber and Little (1996) also emphasise the effect that the destruction of this bridge had on the entire country:

In a war in which multi-ethnicity was itself the enemy, the destruction of the [Mostar] bridge appeared to mirror that of the multi-ethnic ideal of Bosnia—a place almost defined by bridge-building—between communities, between nationalities, between faiths. For Bosnians there was no stronger image of the country they were trying to build. The Bosnian government declared a day of mourning. (p. 291)

The destruction of the Mostar Bridge may have helped bring both sides to their senses; fighting in Mostar ended abruptly in February 1994. By late March, Muslims and Croats had agreed to join together as a federation, merging their forces into a single army.

Although the fighting was over, Muslims and Croats had not resolved their differences overnight. Mostar continued to be a divided city, with Bosnian Croats residing in West Mostar and Bosnian Muslims in East Mostar. Muslims continued to be evicted by local authorities in West Mostar as late as September 1994. Mostar elections, held before those in the rest of Bosnia and Herzegovina, were enacted on a strict ethnic basis, with Croats canvassing only in West Mostar and Muslims canvassing only in East Mostar (Kumar, 1997). Local elections continued to reflect ethnic divisions throughout fieldwork for this study.

Local and world leaders insisted that the fighting in former Yugoslavia was due to irreconcilable cultural differences between ethnicities, but it was evident that some aspects of Bosnian culture were shared by all three ethnic groups:

Even in war, as Yugoslavs fought and killed one another and political leaders claimed the struggle was a clash between irreconcilable cultures, they could not conceal their similarities. When soldiers in the front lines tried to boost morale by singing traditional battle songs, Serbs, Croats and Muslims on opposing sides often sang the same tunes...on some bizarre occasions, usually the exchange of dead bodies, where former friends found themselves fighting against each other the two sides actually sat down together to drink themselves silly as they reminisced about happier times. (Bennett, 1995, pp. 16–17)

The fighting in Bosnia during the 1992–96 war was different from earlier wars in its absolute emphasis on ethnicity:

Muslims, Serbs, and Croats had lived in peace for most of the five hundred years they cohabitated in Bosnia-Herzegovina. The intercommunal violence which accompanied World War II was an important deviation from this pattern, but even then the situation was complicated. Muslims and Croats, for example, were found in the ranks of both the Ustaše and the Communist-led Partisans, while Serbs were found with both Draža Mihailović's Chetniks and Tito's Partisans. The Serbian Insurrectionary War of 1991-1995 was different in that, with the exception of the defenders of Sarajevo, each of the respective sides tended to recruit almost exclusively from the nationality it claimed to represent. (Ramet, 1999, p. 202)

Cease-fire throughout Bosnia and Herzegovina was finally accomplished on 12 October 1995, and the Dayton Agreements were signed in Versailles on 14 December 1995, bringing the beginning of peace.

5.2.1 The Dayton Accord

Officially titled the General Framework Agreement for Peace in Bosnia and Herzegovina (GFAP), the Dayton Accord consists of 11 annexes detailing the peace settlement. The document notes the agreed territorial divisions of the country, plans for elections and a constitution, and sets out an enforced federal system with international oversight. It also guarantees internationally recognised human rights and grants refugees and displaced persons the right to return and either regain lost property or obtain just compensation (GFAP, 1995).

While formally a sovereign state, international mandates hold most of the power in modern-day Bosnia and Herzegovina. The UN High Representative can remove any local elected or appointed official. While the level of international oversight was meant to decrease over time, the country continues to be primarily controlled by internationals

(Mertus, 2005). The resulting tension between locals and internationals is explored in Section 10.3.

Despite the signing of the Dayton Accord, Bosnia's search for stability is far from over. In addition, many measures of the Dayton Accord have not been fully implemented (Mertus, 2005). The Dayton Accord successfully ended the fighting, but it is widely considered to be a temporary and largely flawed measure. Woodward (1997) calls the Dayton constitution "a political system with all the flaws of the former Yugoslavia" (p. 239) and criticises international mediators for focusing on the nationalist parties while ignoring those moderate groups who opposed the war and ethnic nationalism; Udovički (1997b) and Udovički and Šitkovic (1997) echo this critique. I did not discuss the Dayton Accord specifically with any research participants. However, as will be shown in the next two sections of this chapter, participants made it clear that the 1992–96 conflict is far from resolved.

5.3 Living in Bosnia and Herzegovina today

Observation and interviews with research participants revealed a number of themes about life in Bosnia and Herzegovina today. Some of the more prevalent themes were economic difficulties, distrust of local governments, and a general lack of hope. Despite massive international intervention, Bosnia has not yet reached political, economic, or social stability (Belloni, 2004). This section explores these issues as well as current local perceptions and attitudes towards the 1992–96 war.

5.3.1 Perceptions and attitudes towards the 1992–96 War

General consensus among research participants and other local residents appears to be that the 1992–96 war should be forgotten as soon as possible. Tourist books barely mention the war and include information on landmarks destroyed during the war, sometimes without mentioning that these landmarks no longer exist:

I bought a guide book on Mostar. It's an interesting read. Most of the pictures are from before the war and although the war is briefly mentioned it is only in passing. They even talk about attractions that no longer exist and although they do mention this for a couple of the attractions there are others that were destroyed that they forget to explain that about. So ostensibly you could go looking for a non-existent attraction and wouldn't have any explanation as to why it was no longer there. (Field notes, 25 September 2004)

Some members of Programme B complained when I explained that my research was looking at music in a post-war setting, saying that Bosnia and Herzegovina was no longer a post-war setting and that the war happened long ago. Despite this apparent eagerness to move on, the 1992–96 war continues to have a significant effect on daily life.

Locals claimed that the war was in the distant past but made it their most common conversation topic. It is possible that research participants were discussing the war simply because they knew that it was likely to interest a foreigner. However, it also seemed to be a topic that weighed heavily and constantly on their minds as an unresolved issue. Locals started conversations about the war; this was never a topic I raised myself. Physical reminders of the war are everywhere, although significant rebuilding was completed during the time of my fieldwork. As is discussed in Section 5.4, the future of Bosnia and Herzegovina remains highly uncertain.

5.3.2 Economic difficulties

The subject of economic difficulties arose in nearly every conversation with locals inside and outwith the music programmes, and even in casual conversation with my landlady. There appears to be a general consensus among local people that it is impossible to make a living within the local economy, and that money can only be made by working for (or renting accommodation to) foreigners:

The landlady said that Bosnia is a good place to come on vacation for one or two months a year but a bad place to live because there is no money. The only way [she feels that] Bosnia is a good place to live is when you are getting paid by [people from] other countries. (Field notes, 14 November 2004)

Local programme staff emphasised the country's high unemployment rates and expressed a belief that Bosnia and Herzegovina had little to offer economically and that this problem was compounded by corrupt officials:

There are no jobs. The industry is, you know, a lot of corruptions happening in Bosnia, a lot of promising, nothing happening. They're just doing political elections... the national[ist] parties winning, promising always, nothing. (Seth, Programme B)

Bosnia, it's this kind of place where you basically can't make money. (Mark, Programme B)

The economic climate in Bosnia and Herzegovina is indeed poor. Simon (2001) notes that unemployment was estimated to be as high as 80% in 1996 and feels that efforts at socio-economic rebuilding have failed due to “the lack of resources devoted to and effectively targeted at rebuilding” (p. 17). By December 2004, unemployment rates had improved but remained oppressively high at 40% (Sanders, 2004). These national economic difficulties are reflected in the economic uncertainties faced by the programmes studied, as discussed in Section 9.1.

There appears to be a large disparity between economic levels in East and West Mostar. The devastation in East Mostar was more extensive than in West Mostar during the war, and Programme A and Programme B used this fact to justify their local focus on the Muslim population:

Bosniaks (Muslims) are at their knees, so, for them whatever you give them, they are fine. Croats, they are looking at everything you do through political light and it's a bit difficult. (Martha, Programme B)

East Mostar appears to continue to suffer despite the fact that most tourist attractions (mosques and the now reconstructed Turkish buildings) are in East Mostar. On the surface it might appear that, with the presence of these historical landmarks, East Mostar would benefit more from tourism than West Mostar. However, the best hotels remain in West Mostar, alongside Western-style shopping centres, both of which are important revenue sources. It is unclear whether economic levels were equal on both sides of the city before the war.

Interestingly, economic difficulties do not appear to be particularly linked by local people to the war itself as much as they are linked to the end of Tito's regime. The credit given by locals to Tito for the economy is ironic, since scholars consider poor economic planning to be one of the primary failings of Tito's government (Bennett, 1995). Tito's government created an economy that was initially strong but that could not sustain itself. Tito simply died before the failings of his economic plan became apparent to the general public. Tito died in 1980, and Yugoslavia's economy was in a state of severe crisis by 1988 (Ramet, 1999).

5.3.3 Battle scars

Physical and emotional remnants of the 1992–96 war continue to scar Bosnia and Herzegovina and its inhabitants. Physical scars remain on the outsides and insides of many buildings:



Figure 5.3: The Mostar front line from the 1992–96 war, photographed in 2004.

In Mostar there are skeletons of buildings with entire sides blown out like a garish doll house. Many buildings have been renovated, but those that haven't look pretty bad. The few with no walls blown out completely are riddled with bullet holes or worse... The apartment was well repaired on the inside, but to get there we climbed up two unlit flights of stairs. Even in the dark you could see that the walls were full of bullet holes. (Field notes, 13 November 2003)

Considerable physical renovation was done in Mostar over the course of my study, but many physical scars remain, as may be seen in Figure 5.3. The most potent physical scars are land mines, which caused the death of two young boys in a nearby town during my fieldwork.

Emotional scars are not easily repaired and remain a reality that participants face on a daily basis:

Jonathan [staff member of Programme B] is a very popular folk singer in Mostar, and whenever I am with him he is greeted by everyone we walk past... I asked Jonathan if he ever performed in West Mostar. He said

no, because when he goes there he gets a feeling as if they are going to hurt him. He said, “They killed my father.” He doesn’t want to play for them, and although he does live in West Mostar now (he lived there before the war also but was evicted during the war) he does not feel any love for the Croats as they personally hurt him and even killed his father with Croatian people he had grown up with looking on and refusing to intervene. (Field notes, 17 November 2004)

Jonathan’s decision to return to his pre-war home in West Mostar was one that many Muslim Bosnians lack the courage and conviction to make, but he remains too deeply scarred to interact with his Croat neighbours on even a professional level.

Jacob, one of Programme A’s local translator/assistants, felt that the war left him without a country to love:

Jacob says that he loved Yugoslavia with all of his heart as it is natural to love the country where you were born and raised. When Yugoslavia was destroyed it took with it everything that he loved. He says that, because of this, he can never love or feel any loyalty to Bosnia. In his words, “I will never lose one drop of my blood for this country.” (Field notes, 5 October 2004)

Jacob’s refusal to love Bosnia and Herzegovina reflects a widespread lack of faith in the viability of Bosnia and Herzegovina as a country. Seth, a staff member of Programme B, believed that the war in Bosnia was simply a continuation of age-long strife that would never end:

Every war which happened here never finished, you know, it’s always somebody [from outside who] comes and finishes the war. (Seth, Programme B)

It is difficult to feel optimistic about the outlook of a country when its inhabitants feel little or no hope for their nation’s future. It is no surprise that, in such an uncertain context, staff have little faith in the futures of the programmes in this study (see Section 9.3).

5.3.4 The slow march of progress

Progress has been made since the end of the 1992–96 war. Some inhabitants have returned to their pre-war homes, and a number of historic landmarks have been restored. While ethnic tensions remain a very real part of everyday life, locals can cross between East and West Mostar freely. However, the 1992–96 war has inevitably transformed Bosnia and Herzegovina.

Those locals who reminisced fondly about Mostar as a city within Yugoslavia expressed a belief that all of the “good” inhabitants of Mostar fled during the war, leaving only peasants who moved into the city following the war:

Jacob was complaining today (along with Amy, the other [Programme A] translator) that the people who left Mostar during the war, many of them haven’t returned and instead the city has filled with peasants. Jacob and Amy find the peasants’ behaviour very coarse and they don’t like having them here and think that they are destroying Mostar. (Field notes, 5 October 2004)

Staff members of Programme B expressed a similar dislike for these new inhabitants of Mostar, also referring to them as ‘peasants’. Thus, while the city of Mostar may be physically rebuilt, the inhabitants that make up its core appear to have been lost forever.

Interviews as well as casual conversations with local inhabitants revealed a common belief that there is no future in Bosnia and Herzegovina for young people. Local people, young and old, see no end of ethnically-based hatred. All of my informants vehemently denied that they themselves had any such tendencies, but noted that too many of their fellow Bosnians were loyal to their particular ethnic group for the country to ever unite. Scholars agree that, under the current governmental system, ethnic divides are unlikely to disappear. Aolain (2001) notes that these divides are currently written into Bosnian law:

The [post-Dayton] “entity” constitutions have sought to exacerbate the stranglehold of ethnicity politics through law. For example, the Republika Srpska Constitution recognizes only Serbs as citizens of the entity. Bosnians and Croats are legally constituted as lesser minorities. (pp. 73–74)

Until locals and internationals begin to consider inter-ethnic unity a real possibility for Bosnia and Herzegovina, the emotional wounds from the 1992–96 war are unlikely to heal.

There is talk of ethnic integration, and forced integration has begun in schools. However, ethnic division remains throughout most of Bosnia and Herzegovina and was clearly visible in Mostar. The partition between East and West Mostar is clearly visible to even a casual observer, with inhabitants from either side of the city often pretending the other side of the city simply does not exist. During my time in Mostar, I was unable to obtain information about East Mostar while in West Mostar and vice versa. This included basic information such as the existence of a post office:

I spent a few hours finding a place that would sell me a SIM card, but nobody had one on the East bank (the post office seems to be the only place that carries them and they were out) and they claimed there weren't any in all of Mostar. I crossed over to the West Bank and the post office over there did have one that they sold me. . . They really treat the West and East banks like two different cities. On the East Bank nobody will tell me anything about the West Bank and vice versa. It's pretty strange since they are connected by a bridge you could cross in 30 seconds or so. (Field notes, 22 September 2006)

The continued strength of ethnic divides is seen in other ways as well. Local elections held during a fieldwork visit in October 2004 resulted in the usual nationalist party victories. Efforts by Programme B to run inter-ethnic workshops with children were blocked by community members:

We started this project with the OSCE, we had like a couple of workshops. But the problem was that there was some kind of messup on the Croat side. . . And they had to stop all the workshops that the OSCE [Organisation for Security and Cooperation in Europe] was trying to do basically. . . And it's really tough and it hurts me. It's very hard because usually these children are led by people that I know, people that were teachers during my time, you know. And I just can't believe that actually they've changed so much. Because I never felt that way about them. And it makes me sick, honestly, to hear that somebody who was like say during that age my idol because I thought is a really good teacher and is a good person, now is giving these horrible political stories, feeds these political stories to these children. Youth actually. And it's already teaching them how the good nationalists they should be. . . it's really horrible to hear. But that's the reality. (Martha, Programme B)

As long as members of the local community (such as Martha's old school teachers) continue to strive for ethnic division, Mostar's hopes of true reunification seem slim.

5.4 The future of Bosnia and Herzegovina

Bose (2002) has his doubts that the tension in Bosnia and Herzegovina—violent or otherwise—is over, and with good reason:

In 1997, 91 per cent of BiH Serbs and 84 per cent of BiH Croats opposed a united Bosnian state, while 98 per cent of Bosnian Muslims supported such a state. Political scientists generally believe that a minimal consensus on borders and national unity is necessary for sustainable democratization in any society. . . it is generally agreed, among people with widely divergent perspectives on wartime and post-war Bosnia, that the situation of

BiH remains precarious in almost every sense, and that the shape of the future is uncertain. (pp. 3–4)

Kofman (2001) is equally cynical:

As long as each entity maintains its private near-monopoly of force... the most elementary rights and duties—from the right of return of refugees across and within entity borders to the obligation to pay taxes to the federal authority—will go unenforced; BiH will remain a paper state waiting to disintegrate the moment the Europeans and Americans no longer have the will to maintain the unitary façade. (p. 52)

Bose (2002) notes that the Dayton agreement effectively created a Serb state within Bosnia and Herzegovina, and he feels that Croats would like to have the same. Muslims alone appear to show any interest in the development of a united Bosnian state. Aolain (2001) echoes Bose, criticising the divisive elements written into the Dayton Accord that only reinforce current ethnic divides:

The DPA [Dayton Peace Agreement] confirms the existence of the state yet contains ingredients that divide it into separate political and legal entities. The treaty pays homage to the language of self-reliance while ensuring that a long-term international presence remains a necessary element for the survival of the state. The Dayton Agreement fortifies the tripartite division of nation, community and individual in the new Bosnia where ethnic identity is all, and the body politic is a fractured soul... much depends on encouragement by the international community to view Dayton as a means to a much more inclusive end, rather than as an end in itself. (pp. 63, 88)

On a national level, the International High Commissioner continues to resort to forcibly removing locally elected government officials, potentially exacerbating nationalist tensions:

As long as Bosnia remains divided and minorities feel insecure, it may prove difficult for external [international] regulation to win majority support for political alternatives. There is even a danger that the level of external interference in the Bosnian political process could institutionalise national standpoints as opposed to overcoming them... international community threats to remove candidates from election lists can increase the level of tensions and insecurities as international intervention may be seen to work to the detriment of one party or to the benefit of another. (Chandler, 1999, pp. 132–133)

Chandler believes that the international community may be required to grant greater autonomy to the Bosnian people in order to successfully overcome the divisions that continue to hamper daily progress. The international community's reluctance to trust Bosnia and Herzegovina to run itself is reflected in an unwillingness to allow complete local ownership of the programmes studied, as discussed in Section 9.2.

The 1992–96 war displaced roughly 2.3 million people who face a number of challenges as they consider returning home. Besides continuing instability, problems include high unemployment rates, continuing ethnic discrimination, and even the pain of facing the torturers and murderers of family members who remain free on the streets (Vandiver, 2001). The physical scars of the 1992–96 war remain even in those areas that have seen substantial rebuilding:

We dropped by a beautiful little café complete with a gorgeous fountain and a palm tree enclosed in a greenhouse. As we were leaving, our hosts told us to look up. Above the restaurant was possibly the ugliest apartment building in the world, completely destroyed by the war. They had decorated the café so nicely that we never would have noticed had they not specifically told us to look up. (Field notes, 17 November 2003)

Despite the physical and emotional scars of the war and the slow march of progress, I believe there are some reasons for hope. Teachers in schools expressed outrage at the nationalist outcome of the elections during my fieldwork, and there are small movements to bring ethnic groups together. Towards the end of fieldwork (autumn of 2004), stores in West Mostar began holding sales in honour of Muslim as well as Christian holidays. Schools from both ethnic groups are now joined under one roof—albeit under high levels of pressure from the Organisation for Security and Cooperation in Europe (OSCE). The next step for these schools is to create multiethnic classes where children from different ethnic groups can get to know one another.

Rebuilding a country is a long process, and officials can only keep working and hope for the best. While peace may at some point be restored within Bosnia and Herzegovina, both local Bosnians and academics believe Yugoslavia is a thing of the past, never to be resurrected (Bennett, 1995). Unfortunately, no-one seems to have a clear vision of a positive alternative.

5.5 Conclusion

The cultural and historical context within which these programmes are situated is key to understanding the programmes themselves. The uncertain future of Bosnia and

Herzegovina is reflected in the uncertainty faced by the programmes, and the economic difficulties faced by the country are reflected in economic instability within the programmes studied (see Chapter 9). Programme staff struggle to live with the physical and emotional scars of the 1992-96 war and must be patient with the time required for a country to recover from a conflict on a scale such as that of the 1992-96 war.

Hope is a limited social commodity in Bosnia and Herzegovina. If the programmes in this study can find a way to generate a positive outlook for individuals or the community, it would seem that they have a great deal to contribute. In the meantime, staff members of these programmes struggle to remain optimistic, as the next chapters will show.

This chapter has explored the cultural and historical context of the programmes. The next chapter examines the therapeutic process of the programmes.

Chapter 6

The Therapeutic Process

There is no one music therapy (Aldridge, 2005c, p. 17)

As discussed in Chapter 2, there is no single definition of music therapy. While this lack of standardisation provides flexibility within sessions which therapists believe is necessary, it also blurs the lines between therapeutic music and other musical practices. This chapter examines the therapeutic process used in all three programmes studied, as observed and described in interviews with staff members. Within this chapter, the methods used by these programmes are first discussed, followed by sections on selecting clients and running therapy sessions. These sections are followed by examinations of the use of music as therapy in Bosnia and Herzegovina and programme staff perceptions of the therapeutic value of music.

Chapter 2 noted the lack of sufficient research into the process, practice, and views of music therapy. This study illuminates the views of therapy staff, clients, and carers. Further studies are needed to evaluate the effectiveness of therapeutic methods.

6.1 Comparison of methods

This section compares Western music therapy and therapeutic community music, the two methods used by the programmes in this study. These two methods are quite different, and a comparison of them is therefore essential for understanding the subsequent discussions of perceptions of the programmes in Chapter 7 and perceived programme effects in Chapter 8. Programme A uses what is referred to in this thesis as the Western music therapy method. Programme B uses what is referred to in this thesis as the therapeutic community music method. Programme C uses both Western music therapy and therapeutic community music, depending on perceived client needs.

The World Federation of Music Therapy defines music therapy as follows:

Music Therapy is the use of music and/or its musical elements (sound, rhythm, melody and harmony) by a qualified music therapist, with a client or group, in a process designed to facilitate and promote communication, relationships, learning, mobilisation, expression, organisation and other relevant therapeutic objectives in order to meet physical, emotional, mental, social and cognitive needs.

Music Therapy aims to develop potentials and/or restore functions of the individual so that he or she can achieve better intra and/or interpersonal integration and, consequently, a better quality of life, through prevention, rehabilitation or treatment. (<http://www.musictherapyworld.de/>)

This definition makes a clear distinction between the Western music therapy and therapeutic community music methods used by the programmes in this study. While the therapeutic community music staff of Programme B and Programme C might feel that their sessions provide many of the benefits described in this definition, therapeutic community music sessions are different, perhaps primarily because none of the staff of Programme B or Programme C who provide therapeutic community music sessions have formal training in music therapy, but are instead trained or amateur musicians and educators.

In this thesis, the term “therapeutic community music” was selected to clarify the difference between the community-based method used in this study and “community music therapy”, which is practiced by clinically trained music therapists. Some in the Western music therapy world question whether “community music therapy” should be referred to as therapy, even with its use of clinically trained therapists. Ansdell (2006) notes that music therapists may be uncomfortable with the performance emphasis that is frequently found within community music therapy, but that performance and therapy do not need to be mutually exclusive if the use of performance is carefully thought through. Wood et al. (2004) feel that community music therapy’s emphasis on the development and use of musical skills allows clients to continue to experience “the beneficial effects of music” (p. 49) after sessions have ended. Despite this potential for an extension of therapeutic benefits, the similarity of community music therapy to therapeutic community music programmes continues to make some music therapists uncomfortable (Edwards, 2002).

Staff of all three programmes in this study drew a clear distinction between therapeutic community music and Western music therapy in both interviews and casual conversations, even when both methods were used with groups and in a country where there is no professional distinction made between the two methods. Based on these

staff comments, I believe that this distinction would continue to be made by all three programmes even if one of the Western music therapy programmes were to begin calling itself a community music therapy programme. For staff of the programmes in this study, therapeutic community music sessions were deemed educational and enjoyable with therapeutic benefits, whereas Western music therapy sessions were seen as therapeutic only. The concern within the international music therapy community about confusion between community music therapy and therapeutic community music might be valid for participants, but only to the extent that Western music therapy clients are unaware of the therapeutic aims of their sessions (see Section 7.1.1). The therapeutic aspect of therapeutic community music sessions run by the programmes in this study was only emphasised for funding bodies, and staff running therapeutic community music sessions explained that their sessions would be unlikely to be perceived as therapeutic by clients or their parents or carers despite their therapeutic benefits. Details of the Western music therapy and therapeutic community music methods used by the programmes in this study are described in detail below.

6.1.1 Western music therapy

Unlike therapeutic community music practitioners, Western music therapists complete formal training and have a set of professional standards to which they must adhere. Due to the amount of training required and the dependence on international therapists, the Western music therapy model is much more expensive to fund. International staff members of the Western music therapy model clearly claimed higher pay and greater benefits. This may not have been the case for the Western-trained local music therapists, who noted in interviews that, despite the additional training required, they were paid no more as therapists than they were as teachers in the local music school. Since Western music therapy work is conducted mainly one-to-one with individuals rather than in groups, the cost per client would remain higher for Western music therapy than for therapeutic community music even if staff were paid equally.

Aside from the fact that it is more expensive than therapeutic community music, the dependence of the Western music therapy method on international staff is problematic. As foreigners, international therapists may be perceived as military forces or peacekeepers rather than therapists (Lang and McInerney, 2002). International therapists may struggle with the language and communication barrier as well as cultural differences, difficulty containing trauma issues, and feelings of guilt and helplessness

towards the end of therapy (Lang et al., 2002). In order to counteract this, supervisors who live outside of the country provide support through phone calls as well as face-to-face meetings. This supervision is provided for local and international therapists, although (as is discussed later in this chapter) not for the local translators who face many of the same pressures.

Therapy sessions run by international staff require the presence of a translator, necessarily affecting the therapy process (see Section 6.4). Besides the language issue, international staff acknowledge that they are not familiar with local cultural norms and expectations, and therefore must rely on translators to make up for this lack of knowledge. It seems that this lack of both cultural and linguistic knowledge on the part of international staff might affect levels of communication between international staff and client parents and carers, limiting the extent to which parents and carers can understand and reinforce the progress being made during music therapy sessions (see Section 8.3). The dependence of Western music therapy on foreigners might also reduce the ownership local people feel towards the programme, damaging the long-term outlook of the programme (see Section 9.2).

Based on interviews, observation, and literature, the emphasis of Western music therapy is on the therapy process. Little to no attention is given to matters such as education and performance. Therapists are willing to allow clients to experience discomfort during a session, as they feel that this is sometimes necessary for client growth.

Comments in interviews and observations that I conducted indicate that Western music therapists consider themselves to be professionals, and superior to the therapeutic community music staff who have not completed any specialised training programme. This may compound difficulties with regards to East-West relations (see Chapter 11). As discussed in Chapter 2, music therapy is an established profession in many countries, and the music therapists have probably undergone more intensive training than any of the therapeutic community music staff. However, music therapy is not a recognised profession in Bosnia and Herzegovina, and this might make it more difficult for Western music therapists to claim special professional privileges—or lead to resentment from therapeutic community music staff when Western music therapists attempt to claim special professional privileges. Without professional recognition, there is currently no national distinction made between the work of trained music therapists and therapeutic community music staff in Bosnia and Herzegovina, although as noted above there are differences in power relations and financial reward.

6.1.2 Therapeutic community music

One potential benefit of the therapeutic community music model is its employment of local artists and educators. The use of an all-local staff eliminates the need for translators, and since staff are members of the community they are aware of cultural norms and expectations. This awareness of local norms may occasionally limit members of staff, who noted that the only way they could get locals to engage in their innovative inter-ethnic workshops was through the mediation of the international Organisation for Security and Cooperation in Europe (OSCE). As locals, the staff of therapeutic community music programmes are also recovering from the trauma of the 1992–96 war themselves, and they are part of the very context that created conflict and trauma.

Local staff are much less expensive to fund than international staff, as local salaries are lower and local staff do not require amenities such as home leave allowances. The therapeutic community music model works with groups of clients, and therefore more clients are reached per session making the cost per client lower even if staff were paid as much as Western music therapy staff.

Currently, there is no standard training method for therapeutic community music work. The therapeutic community music staff employed by Programme B and Programme C attend various workshops run by experts on a wide range of subjects such as trauma, disability, and the use of music as therapy, but staff are not required to complete written assignments or any other form of assessment following training workshops as would happen in a formal training programme such as those completed by Western music therapists. Many members of Programme B's staff challenged traditional notions that link expertise to formal training, saying they felt that they had more experience than most trained experts and had learned through experience rather than through formal education. Other staff members (especially newer, less experienced members of staff) were more hesitant, with some (knowing I had worked as a school-teacher in the past) asking me for advice at times, particularly in the area of group management.

While therapeutic community music staff appeared to adapt well to different groups of mainstream clients, they noted that they experienced more difficulty working with disabled populations. Staff members of Programme B noted that they would like more training on how to work with disabled clients. Programme B had arranged for training in this area through Programme A. These training sessions were in their early phases during fieldwork, and had not yet succeeded in meeting the expectations of Programme

B staff. In my observations, I saw no evidence that the Western music therapists providing this training were actually more adept at working with disabled clients in a group setting, despite having more formal training. Both programmes struggled with maintaining harmonious relationships between group members, and both programmes appeared to have difficulty balancing structure and creative freedom in these groups. Western music therapists appeared to experience considerably less difficulty in this regard when working one-to-one with disabled clients. However, since therapeutic community music staff do not work one-to-one, it is impossible to establish whether the training of Western music therapists contributed to this success. Therapeutic community musicians did note that they felt that a knowledge of the specific conditions of their disabled clients would be helpful; this type of information did appear to be included in the training that Western music therapists completed.

Therapeutic community music programmes appear to focus on education and performance as much as or possibly even more than therapeutic effects. Therapeutic community music staff appear to feel that client enjoyment of sessions is paramount, and that clients should not be made to do anything they dislike or that makes them feel uncomfortable. Besides being a methodological difference, this avoidance of client discomfort also appears to be part of an East-West divide, as discussed in Chapter 11.

6.1.3 Discussion

Both methods appear to provide unique benefits. Their similarities and differences challenge a unified view of the therapeutic process and attest to the flexibility of therapeutic music at the level of theory and practice. The primary difference for clients of the two methods is that Western music therapy appears to focus solely on the process of the therapy sessions. Staff of therapeutic community music also focus on the therapeutic process, but since their projects frequently lead to public performances this aspect of sessions is necessarily addressed as well. Staff of Programme B (a therapeutic community music programme) noted that they sometimes experienced difficulty in balancing the focus and work needed for clients to put on a respectable performance with their therapeutic aims. Aldridge (2005a) warns against the dangers of concentrating on products over process in art. This does not mean that performance is always problematic, but it does reinforce the presence of the difficulties noted by staff of Programme B.

The Western music therapy method employs a more specialised staff with more

experience and training with special needs populations. Special needs populations in Bosnia and Herzegovina originally received services only through Western music therapy staff, but bids for funding have led therapeutic community music staff to work in this area as well (see Chapter 10). Western music therapy emphasises therapy, whereas the therapeutic community music model balances therapy with education and performance.

The therapeutic community music method employs local staff and (due to lower salaries and service provision to groups rather than individuals) costs less per client. The entirely local staffing of the therapeutic community music method increases cultural awareness and local ownership of the programme, although as developed in Chapter 10, this does not necessarily mean that there is no conflict or tension. It is important to note that the therapeutic community music programmes were initially run by internationals. However, since training in this method is very informal, locals could be incorporated into the therapeutic community music programmes from the beginning. With Western music therapy, locals must currently travel out of the country to obtain training before they can practice, something that limits the possibility of local ownership and governance of Western music therapy programmes.

Staff training for therapeutic community music is accomplished through ad hoc workshops rather than a formal training programme. While most members of staff appear to feel that this form of training is sufficient, newer members of staff expressed feelings of inadequacy and a desire for more thorough, standardised training prior to being sent into the field. Staff felt that further training could be particularly helpful for their work with special needs populations, noting that they currently had difficulty because they did not fully understand their clients' conditions, making it difficult to provide sufficient support to clients during sessions.

Outside of Bosnia and Herzegovina, Western music therapists have begun to move into a new field called community music therapy. Community music therapy is quite similar to therapeutic community music, and Western music therapists are contemplating the establishment of formal training in this area (Pavlicevic, 2004; Ruud, 2004; Wood et al., 2004). However, the creation of this field as a more formal version of therapeutic community music raises the issues related to dependency on international staff that already complicate the work of traditional Western music therapy. The question thus becomes whether and when using international staff members with little understanding of the local culture and language but formal training results in greater demonstrable outcomes than local staff with little training but full cultural and linguis-

tic awareness:

What I wonder is if it isn't actually better for locals to do therapeutic music work with children and only to use clinical music therapy on the most extreme cases? In medicine, doctors teach parents basic care skills for children with diabetes, etc. that includes giving shots so that the children aren't relying on a doctor all the time. Shouldn't music therapy be doing the same? (Field notes, 10 October 2004)

It is possible that combining elements of both methods achieves the most. Programme C provides a positive example of how both methods can be complementary, with the 'specialist' music therapists working only with the most extreme client cases. Programme C's melding of the two methods provides strong evidence for the value of inter-programme cooperation. However, there are different levels of influence, and broader macro-structural factors may impede cooperation. Programme A and Programme B were originally intended to be complementary services, but other factors discussed in Section 10.1 drove the programmes apart.

This section has examined the two methods used by the programmes in this study. The next section outlines the ways in which the different programmes select clients.

6.2 Selecting clients

Individual Western music therapy clients must be referred (normally by a professional, but sometimes through a caregiver) in order to receive music therapy. Referred Western music therapy clients undergo an initial assessment followed by a trial period. Western music therapy focuses on the exploration of creativity, and during the trial period therapists may use other creative tools such as improvisation, acting, and drawing alongside music to engage the client. Therapists explained that the goal of this trial period is to discover what is limiting the client and how music therapy might be helpful. Joseph, a therapist who spent two years working with Programme A, emphasised that in a post-war environment it is frequently difficult to distinguish what specific issues and problems clients have, as most clients appear to have a number of problems that are self-reinforcing.

A report is written at the end of the trial period. If the client seems to be responding to music therapy (moving towards therapist-set goals) during the trial sessions, this report will include a recommendation as to how long the client should initially receive music therapy. The report will also detail certain goals that the therapist will work

towards with the client. An example of the client evaluation form used by Programme C is provided in Appendix D.

In the event that therapists feel that music therapy is not the most effective treatment for the client, this report may suggest other therapies or treatments for the client to explore. In practice, neither Programme A nor Programme C had ever turned away a client from therapy because they felt that another treatment would be more effective, suggesting that staff believe that music therapy can be effective for a wide range of problems. However, alternative, potentially more realistic explanations, also exist. Staff may be accepting clients simply because they know that there are few other services for clients to turn to (see Section 6.6); the programmes also need clients in order to justify their current level of funding and to pursue further funding.

In-house clients of Western music therapy receive therapy on a one-to-one basis and occasionally in pairs if the therapist thinks that a client might respond better to therapy if they have another client to interact with. Clients who receive pair therapy in Programme A are paired with friends or family members. Therapists travel to conduct therapy sessions in the surrounding area as an outreach effort; some of these sessions involve group sessions of three to five clients grouped by age and ability.¹ Therapists stressed that, even when they are working with groups of clients, their focus is on each individual client and group dynamics are secondary. Groups are sometimes used in order to reach more clients and sometimes to provide social interaction for the clients:

Determining whether kids go into a group or whether they're individual is based on the most emergent need of that child. You know, is it social or is it developmental. And often they're not in a group because they're socially inappropriate. (Gladys, Programme A)

Staff appear to try to place clients in groups whenever they feel it is possible given the clients' abilities in order to reach as many clients as possible. Programme A conducted the majority of their group therapy sessions at special needs institutions and sometimes worked with populations simply because a certain institution or programme had funding available. Programme A justified their decision to work in areas simply because funding was available by noting that, while these clients might not be the most needy, they would benefit from and clearly appreciated Programme A's services. Programme A also noted that they were too short of funds to concentrate on the neediest populations without paying attention to funding. As will be discussed in Chapter 9, NGOs

¹Whereas all of Programme A's in-house clients are children, external clients cover the entire age spectrum.

frequently prioritise work based on what funding is available rather than based on what is most needed (Hulme and Edwards, 1997; Luong and Weinthal, 1999) as this is frequently the only way they can survive. These and other constraints limit the extent to which therapeutic ideals are put into practice.

Therapeutic community music staff work with groups they gain access to through schools and institutions. For therapeutic community music sessions, the focus is on group dynamics rather than individuals. Groups of special needs clients are smaller in order to provide greater support to clients.

Programme B conducts most of its therapeutic community music sessions at a variety of primary schools. These schools appear to be selected for a variety of reasons; some are selected because they are in a particularly devastated part of the country, others because they are in isolated areas where children receive little exposure to the arts. Both Programme B and Programme C conduct therapeutic community music sessions with special needs populations, where programmes feel that it is easier to justify the necessity for programme services to funding sources. Programme C also conducts therapeutic community music sessions at four local orphanages where sessions are funded by the local government. The availability of local funds appears to be a key factor in Programme C's decision to work with these populations; although staff feel that the clients from the orphanages need therapy, they noted that the transient nature of the population (children are shifted from orphanage to orphanage without warning) makes it difficult to actually obtain therapeutic effects.

The above examples show that, as with Western music therapy, the selection of clients for therapeutic community music sessions is not solely decided based on the perceived client need for therapy. The availability of funding plays an important role, as does 'exposure to the arts', reflecting the educational emphasis of therapeutic community music programmes.

Although the programmes studied describe themselves (to funding bodies, although not always to the general community) as providing therapy for war trauma, the level of war trauma does not appear to be a qualifying criteria for client selection for any of these programmes. Instead, there appears to be an assumption that all potential clients have been traumatised by the war and so other criteria may be used for client selection. Although there are ways of measuring trauma (such as the DSM-IV published by the American Psychiatric Association), none of the programmes in this study appeared to feel that this was necessary or that such a measure would be helpful.

6.3 Running therapy sessions

Western music therapy sessions typically begin with a welcome song and end with a goodbye song. These songs are used to provide structure and so that clients have something that is consistent across sessions. Each therapist has their own unique welcome and goodbye song.² Within the sessions, the music therapist works “supportively, accepting and enhancing the responses of a child or young person” (quote extracted from a draft of a Programme A concept paper). Programme B also had opening and closing songs that they frequently (but not always) sang to open and close their therapeutic community music sessions.

Aldridge (2005a) notes that “music therapy recognizes individual needs and adapts to meet them.” (p. 37) Staff of Programme A consistently emphasised the individualised nature of their work:

Each child is assessed and treated on an individual basis because their situation, diagnosis and response to music are unique. (Taken from a draft concept paper for Programme A)

Besides working differently with each client, different music therapists appear to work differently with the same client. I was able to observe two different music therapists working with the same client, with widely varying results:

It was really interesting to see Antje work with this client after seeing the videotape of Joseph working with the same client. When Joseph worked with Diana she made cry noises all the time. Joseph interpreted this as singing. . . [Antje] interpreted what Joseph considered ‘singing’ to be cries . . . It struck me how two music therapists could interpret the noises this client makes in two such very different ways and thereby chart progress in essentially opposite ways. Antje seems to be pushing Diana more quickly into socially acceptable behaviour whereas Joseph. . . really focused on developing a ‘musical language’ with Diana. Antje seems to have no interest in this, perhaps because it can’t really help Diana communicate with the outside world. Antje is also a native speaker which makes it even easier for her to try to get Diana to communicate in the local language even though Joseph spoke pretty good Serbo-Croatian. (Field notes, 11 November 2004)

This incident suggests that different therapists not only work differently with the same client, but even interpret clients’ reactions in widely varying ways. Since Antje approached her work with Diana so differently from Joseph, it is not surprising that

²Some music therapists compose original welcome and goodbye songs for each client, but this was not done by any of the therapists working at Programme A during this study.

Diana's reaction to sessions with Antje would be different from her reaction to sessions with Joseph. Antje and Joseph appeared to have fundamentally different goals for Diana:

I noticed that Antje's work with Diana seems to be guiding Diana towards a more mainstream life whereas Joseph had found a space where Diana was comfortable and was simply recreating that every week (my observation). (Field notes, 16 November 2004)

This high level of differentiation between staff members is likely part of what makes it difficult for staff of Programme A to discuss programme effects, something explored further in Chapter 8. It also suggests that goals and practice are not shared by staff even within the same programme. It seems that such a high level of flexibility with differing interpretations and therapeutic effects from different members of staff within a single programme would make it practically impossible to evaluate the clinical effectiveness of therapeutic music practices within any programme.

All three therapeutic music programmes in this study conduct therapy sessions with groups of clients; Programme A and Programme C also conduct individual therapy sessions. Hesser (1995) explains the purpose of group therapy:

Playing music in a group provides an opportunity to explore and more deeply understand relationships in the community... Finding the harmonious balance of consonance and dissonance among group members is a goal of the music therapy process. (p. 49)

Hughes (1948) adds that music improves group interactions by merging individual desires into a common group effort. Group therapy is also thought to help clients establish a community network (Ruud, 1998), and Bunt (1994) notes:

Improvised music-making has the potential to bring people together on equal terms in how and what is expressed. (p. 28)

Despite this focus in the literature on group dynamics, therapists interviewed for this study explained that they use the same techniques with groups of clients as with individual clients, observing individual reactions and taking these reactions into account throughout sessions. Therapists must at least consider group interactions, however, because they also noted that they aim to move individual clients into group sessions to develop greater communicative abilities before ending a client's therapy altogether:

The ideal is to be able to integrate some children we've been seeing one-on-one into a group so that then they become more socialised. (Gladys, Programme A)

Thus, there is an interactive group component to group sessions even if therapists did not discuss this explicitly during interviews.

Therapeutic community music staff work only in groups, and perhaps for this reason place greater emphasis on the role of music in increasing communal cooperation and integration (Licht, 1946; Merriam, 1980); therapeutic community musicians focus almost exclusively on group dynamics. The focus of therapeutic community music staff on group dynamics rather than individuals within groups implies that they view individual clients within the context of a group, rather than thinking about each client individually as appears to be done in Western music therapy sessions.

Western music therapy sessions are primarily improvisational, but this is flexible. In cases where the therapist thinks it is appropriate, more structure is added:

Most of the population here is really suited for an improvisational model like that. And for the children that are higher functioning, yeah, I like to have a little bit more structure. Not that there is no structure with [names a client she does not consider to be high functioning]. She recognises the hello song and the goodbye song. As soon as I sing “Dobridženja” she’s got her bottle and she lies down. (Gladys, Programme A)

Therapeutic community music sessions are also described as being improvisational, but in a much more structured way, largely because the groups being worked with are much larger. Jeff explained Programme B’s method of helping children compose songs:

Everything we are making songs. We are, for example, now is autumn. We try to take some words of autumn like tree or grass and then we make the songs. Children choose the tones and then we make songs with these words, everything [is the] children’s work, the words and melody and everything, it’s them. They love to make songs. And next we play this song, and we will play with [the entire] school. The children from the other classes, they learn that song and for them it’s big... it’s big for them because they made the words, they made the melody. (Jeff, Programme B)

Jeff’s description shows that clients are engaged in the creative process, but improvisations are necessarily much more structured (and have a much more coherent result) than the improvisations created in Western music therapy sessions.

In addition to this improvisational element of sessions, both therapeutic music methods use precomposed songs. Programme staff explained that international songs are frequently used in hopes of increasing client appreciation of diversity and to avoid the political connotations of some local music (see Section 6.5).

Programme B appears to balance therapy with education. In interviews, Programme B staff placed less emphasis on the therapeutic aspect of their work than Programme A or Programme C, rather focusing their efforts on community building, the easing of ethnic tensions, and providing a fun environment for children. Nonetheless, Programme B formally states that their primary aims are “improved psychosocial well-being and development of children and youth,” (Programme B project proposal) indicating that the therapeutic aspect of their programme remains their central focus for donors, even if it is not emphasised when describing what they do in other contexts. Children and, it seems, even a number of school officials consider Programme B to be educational rather than therapeutic, and this sometimes creates problems for staff. During one of my field visits, staff of Programme B were struggling with one particular school that was asking them to create a presentation in a very short period of time. Staff said that they felt pressured to comply with the school’s demands but were torn as this was not what they typically did and given the short time line they would be hard pressed to provide a performance of the expected calibre while keeping the sessions client-focused.

This section has examined the way in which all three programmes run sessions, focusing on differences in approaches between programmes and methods. The next section focuses only on Programme A and Programme C, as it explores the use of translators within Western music therapy sessions.

6.4 Using translators

The presence of a translator immediately changes the dynamics of a music therapy session. Sometimes translators must be changed due to gender issues. Other difficulties arise when clients bring in songs specific to their ethnicity, which staff noted could be uncomfortable if translators are of a different ethnicity but are expected to join in the singing. The ethnicity of translators has sometimes prevented therapists from working in areas where they felt music therapy was needed. While many of these problems might also appear with local therapists, the necessity of local translators makes the problems equally applicable to international staff.

Programme A has assistants present as translators at nearly every therapy session, the exception being Gladys’s one-to-one therapy sessions—which are (according to Gladys) largely non-verbal—and the therapy sessions conducted by Antje and Laura, the local interns. The international therapists continue to use translators in their ses-

sions even after acquiring a strong command over the language because of cultural differences:

We rely on the translators to also translate the piece culturally...and they are critical in providing us understanding of how the child might be reacting to the environment in relation to and in the context of the client's culture. (Joseph, Programme A)

Translators fill a number of roles besides providing linguistic interpretation, and this is reflected in their official 'assistant' title. Ways in which translators assist the therapist are explored below.

6.4.1 Assisting the therapist

Despite their lack of clinical or academic training, the translator/assistant clearly plays a very central and important role within a therapy session.

I think there are many things and many pieces about the translators that are very helpful...in some cases, while the translators are not trained as music therapists, sometimes they can have good insights and can witness things you miss inside the session. So, occasionally it's good to get some feedback... They are present in the space and, while they may not have the same critical tools in a therapeutic sense, they can often make observations that you wouldn't be able to see because you were in the process at the moment. (Joseph, Programme A)

Joseph's comment implies that translators can affect the way therapists interpret sessions, quite possibly influencing planning for future sessions and the feedback given to parents and carers.

Assistants play a large role within and outwith therapy sessions, particularly for those clients they pick up and drop off before and after therapy. In conversations and interviews, Amy and Jacob (the two assistants) frequently spoke of the importance of their role:

I can give a lot of attention to children. And I think that also what we do is very very important with children, the way how we behave with them. It's not so much like what they do in music therapy but also on the way here how we talk with them and everything else—it is really important for them. For example if the therapist is telling him that something is good, that it is okay what they do, and if I would say later on in the car, "no you can't do that!" Or, "It's not okay." Then [the therapist's] effects are not that strong. But if I continue saying, "Hey, it's nice, it is okay." There is another person who confirms that and that also helps [the children] to realise that. (Amy, Programme A)

This quotation from Amy shows that, besides providing linguistic and cultural interpretation, assistants perceive themselves as positive reinforcers of the progress made within a therapy session. By encouraging clients, assistants can build on the progress made within the therapy session; likewise a lack of encouragement from assistants could significantly inhibit the progress made within a session.

Despite their importance within (and outwith) sessions, assistants delineate clear boundaries between their role and that of the therapists:

You get your goals but that's something that the therapist thinks about and not us, the assistants. (Jacob, Programme A).

Assistants also vary their level of involvement during sessions depending upon the situation:

You have two different types of assisting the therapist. One is more passive...you just sit still, listen, and translate whatever's being said in a session. And the other one is where you're more actively involved, and usually it's in group situations, but it can also be in one-on-one, I mean individual client, where you get to do the activities with the therapist and the client. And also forming the relationship between the client and yourself. (Jacob, Programme A)

The second, more active assistant role shows that, besides providing linguistic and cultural assistance and reinforcing progress made through their interactions with clients outwith the therapy sessions, translators can actively work alongside the therapist during sessions to establish a relationship with the client and to pursue therapeutic goals.

Therapists appeared to dictate which role translators played during sessions. Therapists did not explain how they chose which role to have translators play, but based on observations it seemed that, in individual sessions, therapists preferred for translators to play a passive role until therapists were confident about their relationship with the client, at which point translators were allowed to take on a more active role. Therapists appeared more willing to have translators play a more active role from the beginning in group therapy sessions, although my observations of sessions were so limited that it is difficult to say for certain. It makes sense for therapists to want assistants to take a more active role in group sessions, since this allows more attention to be given to individual clients within the group.

6.4.2 Changing session dynamics

Although they provide a variety of benefits for international therapists, therapists feel that the presence of a translator in addition to a therapist in a session complicates

session dynamics:

In any therapy setting you have to be able to analyse the emotional issues that both the client and the therapist are bringing into the room. When you add another person to that you also have to be able to include those issues. Now, to some degree, the translator can be left outside of the process in that they don't necessarily interact physically with the children and they're not intended to be interacting emotionally with the children. But they are still a presence inside the room and that needs to be taken into consideration when you're determining what's happening in the process. (Joseph, Programme A)

Therapists did not detail how they determine the effect of the translator's presence on the therapy process. However, the very fact that therapists confer with translators after sessions means that translators are affecting therapist interpretations of session dynamics and effects, and this alone could significantly change the course of a given client's therapy.

The presence of a translator within sessions and the fact that translators' interpretations of sessions are heard by therapists also blurs the boundaries between trained and untrained staff and what is deemed as being therapeutic or non-therapeutic. Laura, a local therapist, felt that working with translators confused clients, making therapy less effective:

[Laura] thinks it is very confusing for some clients to have translators [in sessions] and [that some clients] don't really understand what is going on... It does seem like the session is more peaceful without a translator present. There was some evidence of this during my last field visit when I was watching Gladys work with clients in T. One little girl who had been particularly agitated throughout the session calmed down pretty much immediately once Gladys switched from singing English children's songs to singing "na na na" to an improvised tune. The session [I had just observed run by Laura] definitely flowed much more smoothly in local language. (Field notes, 20 November 2004)

Laura's comment was particularly striking as I had noticed how calm Gladys' client became once Gladys switched from singing in English to simple vocalisations during my previous field visit. It is logical for clients to become confused about the translator's role, particularly in the sessions where the translators are playing an active, assisting role. I observed group therapy sessions in particular where, apart from the fact that the international therapist was speaking English, the assistant and therapist interactions with clients were indistinguishable. Anna, one of the international therapists, noted that she had observed initial client confusion regarding her role and that of her translator:

With children. . . I do things with them and first they are irritated but then it is clear for them that I [am the therapist]. (Anna, Programme A)

The relationship between the therapist and client is considered central to the music therapy process (see Chapter 2), and the presence of a third person within sessions does undoubtedly change this relationship. These programmes appeared to be aware of a number of issues connected to the presence of a translator within sessions, but further research is needed.

6.4.3 Balancing relations with clients

Despite the issues noted above, clients, parents, and caregivers appear to feel that the local assistants are very important. On one field visit, Jacob had made a conflicting appointment and was forced to miss a session. The clients felt Jacob's absence keenly:

It was really interesting to me how much the clients were so upset by Jacob not being around—this says a lot about their attachment to Jacob. At least two of the clients wanted to leave when they learned that Jacob wasn't going to be around. They felt to some extent that music therapy wasn't worth going to if Jacob wasn't there. (Field notes, 17 November 2004)

This client's reaction to Jacob's absence indicates that, for some clients at least, their relationship with the assistant is what draws them to therapy rather than the music or even their relationship with the actual therapist.

From interviews and observations, it seemed that therapists sometimes find themselves competing with the assistant for client, parent, and carer attention. Staff explained that clients, parents, and carers form a bond more naturally with the assistant because their language and behaviour is familiar and therefore easier to relate to:

I cannot talk to [clients and carers] and so they make a relation to the interpreter. . . With children. . . I do things with them and first they are irritated but then it is clear for them that I [am the therapist]. But the teachers. . . they always talk to the interpreters and they have the contact. And that's for me not very satisfying. (Anna, Programme A)

While Anna explained that she does feel that she can eventually establish a relationship with children (if not with their carers), translators noted that they have to be careful to not allow the children to form more of a relationship with them than with the therapist:

Sometimes that can be very challenging because, you have to understand, it is much easier for the local children to form the relationship with you as a local person than with the international therapist. So we need to be very careful of how far we go into that relationship. (Jacob, Programme A)

And sometimes they make bigger connection with us than with the therapist. (Amy, Programme A)

As has already been noted, music therapy emphasises the therapist-client relationship (see Section 2.2). If clients care more about their translator than their therapist, this blurs boundaries between the therapist and translator. At the same time, since (as noted previously) therapy is meant to be about making connections, it seems that it would confuse clients to have a local member of staff actively distancing themselves from the client in order to encourage clients to build a closer relationship with the international therapist.

6.4.4 Vulnerability

The cultural familiarity that makes it easy for translators (and local therapists) to build a close relationship with clients, parents, and carers also makes these staff members potentially more vulnerable than international staff. As local people who experienced many of the same traumas witnessed by the clients receiving therapy, assistants can be very vulnerable:

[It is] also very difficult, especially in these situations where you can sense the feelings and everything that's happening in the session room but you have to stay still and you have to be there, present there, and everything that's happening you kind of, you're like a sponge, you just soak up every emotion, everything that is inside the room. And you know it can be very hard at times. (Jacob, Programme A)

Jacob explained that this strain was somewhat counteracted by Programme A's limit of three sessions per day, but even three sessions can be quite intense. Staff noted that this limit is also not strictly observed; at times scheduling forces as many as five sessions into a single day, albeit followed by a free day. Therapists are supervised within and outwith the department to help them process whatever trauma they witness; this service is not provided for assistants since they are not therapists. Supervision of therapists is an important component of all Western music therapy, regardless of the context in which it takes place. If translators are expected to attend sessions and even occasionally comment on what happens, it seems that it might be useful to consider some form of supervision for them as well.

6.5 Music as therapy in Bosnia and Herzegovina

Within any culture, there are culture-specific expectations about what music therapy is. (Pavlicevic, 1997, p. 46)

Some aspects of the therapeutic music work in Bosnia and Herzegovina are unique. This section notes these differences and explores other areas specific to the context of Bosnia and Herzegovina that might affect the programmes studied.

The Western music therapy programmes found in Bosnia and Herzegovina differ from most traditional Western music therapy programmes by working with translator assistants and off-site supervisors (Lang et al., 2002); issues specific to working with translators were discussed in Section 6.4.

The therapeutic community music approach used by Programme B and Programme C was developed in Bosnia and Herzegovina and is not based on any formal training programme. The theory that therapeutic community musicians use in their work is shared orally through workshops and conferences run by organisations such as Musicians Without Borders (see <http://www.musicianswithoutborders.org>). This theory has not yet been formally published, although trained Western music therapists have begun to branch into the related area of community music therapy and are beginning to publish their research (see Pavlicevic and Ansdell, 2004; Pavlicevic, 2004; Ruud, 2004; Wood et al., 2004).

Therapeutic community music programmes that have developed in other post-war regions appear to be quite distinct from the original programme (Programme B) found in Bosnia and Herzegovina. The Kosovo version of this programme, for example, has moved away from music to concentrate increasingly on physical activity, simply because this is the area of expertise among the Kosovo staff.

Besides having elements that make these therapeutic music programmes unique, music appears to play an important role in Bosnian culture, inevitably affecting the programmes. Staff members of all three programmes referenced Bosnia and Herzegovina's strong musical traditions when discussing the appropriateness of their therapeutic music programmes for the local context. Bosnia and Herzegovina does appear to have a rich tradition of both folk and popular music. Folk musicians perform regularly in local restaurants, and there are many local popular musicians.

Staff members of Programme B and Programme C noted in interviews that music played an unusually large role within Bosnian culture and that this was one reason music therapy was a particularly appropriate intervention in Bosnia and Herzegovina:

We have many years, maybe hundreds and hundreds of years we have our tradition in music. And I think every kid, every child who is born, he's got rhythm inside. . . I think music it's most important here especially. (Seth, Programme B)

Nathalie went so far as to say that music was not only important, but that there was an inherent understanding of music's therapeutic potential within Bosnian culture:

I think music therapy is ideal, an ideal intervention here and in the whole country. I think the children and the communities as a whole really understand how to use music, and how to use music to heal and communicate and socialise. (Nathalie, Programme C)

Local staff of Programme B offered anecdotes of music's therapeutic role in their own lives:

R.³ mentioned how important music was [during the war] to him and his two brothers (both of whom also work for the therapeutic community music programme). He mentioned that they sang all the time, even when there was no electricity or food. The neighbours would ask if they were having a party, and they would say no, they were singing. R. credits the singing for keeping them sane—it was something they could derive joy from when there was no other source of joy. (Field notes, 29 May 2004)

Music was a way of maintaining sanity in chaotic circumstances for R. and his brothers. For Seth, music played a central role in his recovery after the 1992–96 war:

Before the war I started to play drums. . . I was xxxxxx during the war. I was in the war, I was in a concentration camp, and I escaped and I was a fighter. And then I didn't want to play any more. I was total a loss; I didn't know what to do now after the war. . . my friend called me and he was like "come there is a strange guy who came with some strange drums, some wood, some goats [goat skin covered drums]." And I thought, maybe it's interesting. . . he left a drum with me and I started to play and he started playing, everybody started playing and we caught the rhythm. . . he opened me and I cried and I smiled in front of him and we talked about all the bad things. (Seth, Programme B)

Interestingly, this personal aspect of therapeutic music work was a common theme for local, but not international staff. This difference may have been mere coincidence or due to cultural differences that affected what staff revealed during interviews, but Nathalie and Seth's comments about the particular importance of music in Bosnia and

³R. was affiliated with Programme B during this field trip, but not during the later, more intensive data-gathering field trips, and so has not been assigned a pseudonym.

Herzegovina suggest that it could be due to an actual greater personal importance of music for local staff members that is linked to an embeddedness in local culture and personal biography. Nathalie suggests that the cultural context of Bosnia and Herzegovina makes it a particularly ideal location for music to be used as therapy, citing her belief that there is a local understanding that music has an innate ability to heal that she has not found in Western cultures.

Although the above accounts suggest that music is a force for good in Bosnia and Herzegovina, it is important not to overlook potential issues with the use of music as therapy. In an ethnically divided country even language is sensitive, including the word ‘music’:

That’s a really hot word, the word music, which is really interesting. I think it’s quite symbolic of all the other little battles that go on here but that word is really hot. You have to be very careful what you say... It’s one word. And it’s just unfortunate that it happens to be music! I mean, what do you call what you do? We did an interview on television recently and I suddenly had that dilemma. Just as they were counting down, I’m thinking, “What do I say! Do I say *glazba* or do I say *muzika*?” I just said “the therapy unit” and I just avoided trying to say that word. I didn’t know really what to say. I’ve gotten into so much trouble over that, by saying the wrong word. I get really self-conscious of saying that. (Nathalie, Programme C)

Thus, staff members risk showing preference for a given ethnic group simply in their word choice when speaking about their line of work.

As noted in Section 2.5, music can have political and violent connotations and therefore should not be used lightly. In Tito’s Yugoslavia, music played a political role:

Yugoslav rock music was long deeply colored by political messages and political allusions. Many Yugoslav musicians were quite conscious of their role as bards or social critics, and many of their songs were topical, reflecting broader public moods and concerns... With Tito’s expulsion from the Cominform on 28 June 1948, music became potentially dangerous, as many unfortunate Yugoslavs discovered. Singing the wrong song could mean prison or penal labor. Even Yugoslav folk songs risked accusations of bourgeois nationalism (even if Tito did like that genre). Unless the singer was certain, it was better not to sing indigenous music. (Ramet, 1999, p. 126–127)

Music could be a unifying as well as a divisive factor:

Even in war, as Yugoslavs fought and killed one another and political leaders claimed the struggle was a clash between irreconcilable cultures, they could not conceal their similarities. When soldiers in the front lines tried to boost morale by singing traditional battle songs, Serbs, Croats and Muslims on opposing sides often sang the same tunes. (Bennett, 1995, pp. 16–17)

This musical background makes the modern-day use of music as therapy in Bosnia and Herzegovina both intriguing and complex. While both Programme A and Programme B use some local songs, they rely much more heavily on international songs, and this may be in part due to the political volatility of music in former Yugoslavia. Programme B staff also explained their use of international song choices as a desire to increase local appreciation for diversity. This use of international songs over local music does, however, raise the recurring issues of East-West tension that are discussed later in this thesis.

6.6 Staff perceptions of the therapeutic value of music

While Chapter 2 reviewed theories from the literature on the therapeutic value of music, this section examines staff accounts of the therapeutic value of music. Because staff of Programme A were particularly forthcoming in this area, their views are represented more than those of Programme B and Programme C.

6.6.1 Not enough services

On a basic level, staff of all three programmes appear to believe that the therapeutic music programmes studied are important because they provide one of a very limited array of therapeutic services available in Mostar:

There is an extraordinarily high number of developmental disabilities on top of obviously emotional and behavioural disorders that exist here. There is a really high number. There's just so much work in the area... And so few services for the children here, for therapy services. So few. (Nathalie, Programme C)

People really welcome us because there aren't too many things out there to help them. (Gladys, Programme A)

These comments indicate that staff feel that the programmes are needed and welcomed not necessarily because of their unique effectiveness, but rather because there are so few services available that clients will take anything they can get.

6.6.2 An everyday tool

One of the major responsibilities of a music therapist is to attend and assist people in the discovery or re-discovery of how they can use music. (Bunt, 1994, p. 72)

When asked in interviews if (and why) they considered music to be an appropriate therapeutic medium, staff members from all three programmes linked their belief in music's appropriateness as an effective therapeutic medium to music's pervasiveness in everyday life.

In a sense music therapy is needful to every community, because we are listening to music every day. But there has to be someone who can use music therapeutically, you know, with a sense, with an understanding. Because music is like a tool. You can do a lot of things consciously and unconsciously to someone, but if you know how to use that; if you know how to communicate, it can be a wonderful, wonderful thing. (Antje, Programme A)

Gladys noted that music was also a practical therapy tool:

It's inexpensive, it's reproducible, and it's extremely effective. It's a non-verbal form of communication that gets to the heart and depth of some of the issues that are going on here very effectively. (Gladys, Programme A)

Thus, staff found music both pragmatic and highly approachable as a therapy tool. Gladys' identification of music as a non-verbal therapy is discussed in greater detail below.

6.6.3 A non-verbal therapy

Already noted in literature by music therapists in Section 2.2, it is not surprising that the non-verbal nature of music therapy was also a common theme in staff of Programme A's discussions of the effectiveness of music therapy:

In music you can express without the need of speaking. I mean the other therapist can understand kind of what feeling it is or what is expressed without talking about that. And this can be a step so that you in the future might be able to talk about it then. But [music is] like a step in between. (Anna, Programme A)

If you have a problem expressing with words you can do that very easily through music. (Laura, Programme A)

The thing about music therapy is that, if it's used in the right manner, it can, music therapy can go into the spaces where these very difficult emotions and difficult processes are taking place, circumventing the words... We use translators and there is a space for words and that definitely can be useful, but the music can reach that point quicker and more effectively than the words can in many cases. (Joseph, Programme A)

Staff felt that this non-verbal nature of music therapy made it a particularly appropriate intervention for children:

Children often cannot express verbally what they feel. And music is something everybody can understand without words, and you can make music without any music education. You don't have to be able to play piano or violin or something. You can just play the drum and express." (Anna, Programme A)

It's very hard for the children to express their emotions and everything, their fears and everything that's happening in their minds and their souls through words. It's much easier to express emotion non-verbally. And that's the opportunity they get in music therapy. As opposed to the more traditional way of going to the psychologist, school psychologist or children's psychologist and talking to them. (Jacob, Programme A)

These comments reinforce one of the assumptions underlying music therapy discussed in Chapter 2 that clients can express some things more easily and effectively using music than using words.

Despite this emphasis on the non-verbal nature of music therapy, I never observed a session that did not depend on language for at least portions of the work, despite observing two sessions run by two different international therapists without a translator present. On these two occasions, the international therapists relied on a combination of English (which the clients could not understand), gestures, and their limited knowledge of the local language. Language was primarily being used to give directions and not to provide actual therapy, but it did appear to be essential to the session. The importance of language in sessions despite staff's emphasis on the non-verbal aspect of therapy is also clear through Programme A and Programme C's employment of a translator for therapists who do not speak the local language. The two translator-free sessions I observed were intended to be run with a translator present; this simply did not happen due scheduling problems with translators.

During interviews, staff of Programme A emphasised the idea of music being a non-verbal therapy that was introduced in Chapter 2. However, this was an instance where my use of a multiple methods was important, since observations revealed that all

of Programme A's sessions do appear to include some verbal component, meaning that this presentation of music therapy as non-verbal is not entirely accurate. While therapy sessions do appear to involve some level of non-verbal communication through music, the verbal component also appears to be necessary for successful therapy sessions.

6.6.4 A safe space

Music therapy literature speaks of therapy sessions as creating a space for childhood (see Chapter 2). Programme A spoke of a similar idea, where music therapy sessions provide a safe space for children to play as well as for the improvement of communication. For Antje, music provides the positive, secure environment that clients need to improve their communicative skills:

Music is very useful to make some positive environment in which the clients can feel safe, secure, and comfortable so they can express themselves. (Antje, Programme A)

Joseph also emphasised the importance of the safe environment created during therapy sessions. Joseph feels that clients are able to play during sessions because of the safe environment that is created for clients by the music therapists:

I think also they often like the security of the environment, feeling like this is a safe space. I mean, we're inside the room right now, and I think you can probably feel that there's something sort of, kind of containing about the room. There's a certain security to it. There are no longer construction noises. There's no one having fights around us. There's nothing but you and me inside this room with a bunch of instruments around us. And just that safety in the environment I think is, sometimes kids can really like. (Joseph, Programme A)

Staff appeared to believe that the sense of security created by the music therapy environment provided the confidence clients needed to express themselves. This idea was commonly expressed in music therapy literature (see for example Hesser, 1995; Sutton, 2002; Lang and McInerney, 2002) and was discussed in Chapter 2. The idea of therapy creating a safe space for children in particular to express themselves is also found in play therapy literature (Cattanach, 1992).

6.6.5 Engages groups

Seth noted that music is an appealing medium because of its ability to engage large groups of people. Even in a region as divided as the Balkans, Seth felt that a well-chosen song could unite different ethnic groups:

I'm playing [drums] also in the football matches and basketball matches. And if you have one team from Bosnia and one team from Serbia, for example, they're saying like all bad things for the Serbs or Serbia is saying all bad words for the Bosnians. But if you in the middle are taking the drum and singing some fan's song, a normal song without any swearing, the whole stadium claps. . . Cause you start to play samba. And samba it's like, if you say, "Oh I can't dance samba," of course you can. The samba it's like that that. . . even deaf you can dance because for the people who are deaf they can hear by vibrations, so people who are deaf can hear the percussion. So if you hear the samba, you just start to dance. Even if you don't know how to dance, your head is going like this, you know [bops head]. Because it's nice, it's positive that. (Seth, Programme B)

While Seth is speaking about extracurricular activities that do not involve Programme B, Programme B did appear to use music to engage large groups, particularly in their inter-ethnic reconciliation work (see Section 9.5). Programme B appeared to do this more than the other programmes, quite possibly due to the fact that Programme B worked with larger groups of clients than the other two programmes and therefore could not work with individuals within the group as I observed happening in Programme A.

6.6.6 'Good' and 'unique'

Several staff members of Programme B in particular said that music was important simply because it was 'good' for their clients:

It's good for them because they know more [about] music and [creativity] and we worked on many creative games with them. And everything is with music. And it's good for that. And for us. (Jeff, Programme B)

Seth was willing to expand on this explanation:

If you do from the beginning music then they're going to be open, you know. . . They can lose the shyness and everything. To open that up, it's by music. You can't just sit and talk to them. They would think it's boring and if you ask them to write down something nobody will write anything you know. So it's all by music and arts. . . It's really good energy. If you have some bad energy don't go outside and crash the car and steal something. Come here to play with me and use all this energy and make something creative, make positive energy. You come out, you totally put in all your energy so when you come out you're tired, so you just go home and sleep. (Seth, Programme B)

Seth highlights a number of benefits that he believes music offers clients, from an increase in social openness and self-expression to a positive alternative to destructive behaviour by turning ‘bad energy’ into ‘good energy’ through the creativity of music. DeNora (2000) shares this view of music’s potential: “Music can be used to ‘get out of moods’ — bad moods in particular” (p. 53).

Laura (Programme A) was working as a piano teacher after the war, but became interested in music therapy when she saw that her music students were too distressed to process their music lessons properly:

I couldn’t ask them to play Bach or Beethoven so well because their problems and their needs were much more complicated than that. . . So I had the opportunity to see how children react to music, because it is unique, their reaction is unique. And then I became interested in helping children, with children. Then I start thinking about music therapy and I was interested in music therapy. (Laura, Programme A)

Other staff members from Programme A also referred to children’s reaction to music being ‘unique,’ but this was not something staff could define concretely, just as Seth was the only staff member of Programme B to expand on how music was ‘good’ for children.

Staff members of all three programmes felt that music had a ‘good’ or ‘unique’ effect on clients, but this effect was something they appeared unable to explain, at least in a general sense. Staff could give examples when asked how music had helped particular clients, but appeared unable to generalise this to an effect on their full clientele, possibly because of their belief in the very ‘uniqueness’ of music’s effect on clients. General benefits were available in programme literature (such as those of Programme A listed in Appendix C) as well as music therapy literature, but these were not discussed by staff members in interviews or informal conversations. It seems that the inability of staff to concisely describe the effect of programme sessions on clients would make the evaluation of programme effects difficult. As was discussed earlier in this chapter, different members of staff within a single programme can approach sessions with the same client in widely divergent ways, also seemingly impeding the evaluation of programme effectiveness.

6.6.7 Not the only effective therapy

Staff members of all three programmes were certain that their programme provided an effective therapy, despite a lack of scientific evidence. Staff did not feel that music was

the only effective therapy; nor did they set out to prove music's superiority over other therapies. On the contrary, many therapists and community musicians incorporated other forms of creative therapy, such as art therapy and play therapy, into their work:

For some children play therapy is good as well. I mean with the very small children, with three years old, I play. I mean I take some dolls or something and play with them. (Anna, Programme A)

Music therapy isn't the only way to work with children. I mean there are other ways. Play therapy, art therapy, dance therapy, drama therapy. I would love to see all these things together. (Gladys, Programme A)

Programme B staff regularly incorporated aspects of art, theatre, and even sport into their workshops. Programme C employed a psychologist as well as an art therapist to help meet the therapeutic needs of their clients.

Without feeling that they had to prove the effectiveness of music over other therapies, staff of all three programmes appeared confident that their work was both necessary and effective, and therefore appropriate and justifiable. This strong belief in the effectiveness of therapy came out in interviews as well as in my literature review (see Chapter 2).

6.7 Discussion

The therapeutic process of these programmes is not as straightforward as might initially appear. There are different forms of therapy, different ways of selecting clients, and different ways of running therapy sessions. Even within a given method or programme, wide variation exists in the way staff perceive the work they are doing and the way in which staff approach work with individual clients. Although this study does not set out to evaluate the effectiveness of the programmes, the divergence that exists within programmes could pose serious challenges to any attempt at such an assessment. Such divergence also blurs the boundaries between therapeutic music and other musical practices and makes it difficult for staff to generalise programme effects on clients.

Despite the wide divergence within methods, there are some clear differences between Western music therapy and therapeutic community music. Western music therapy requires a more specialised staff and traditionally works with more specialised populations (such as clients with special needs), although funding crises (see Chapter 9) have led the therapeutic community music programmes to also work with spe-

cial needs populations. Western music therapy has produced a substantial amount of literature, whereas therapeutic community music has not yet produced a written canon. There are indications that the two methods might be most effective if applied together, although tensions between Programme A and Programme B (see Chapter 10) indicate that such a partnership is not always easily accomplished in practice.

Programme staff appear to select clients for both idealistic and pragmatic reasons. While programmes may select clients based on perceptions of need, it appears that clients are also selected because of the availability of funding or because programmes believe that a partnership with a given institution might strengthen funding applications. This pragmatic rather than idealistic selection of clients may be at least partially due to the increasingly uncertain funding of the programmes, an issue discussed in Chapter 9.

The role of translators in Western music therapy is complex and could use more research, particularly as this is the first known instance of translators playing such an extensive role within therapy sessions. While they assist therapists in a number of ways, the presence of a translator inevitably changes session dynamics and may confuse some clients. Therapists and translators appeared to have difficulty balancing the natural affinity clients felt for translators with the communicative relationship that is expected between a therapist and client within Western music therapy sessions. Translators noted that they felt that their own exposure to the 1992–96 war might make them more vulnerable during sessions than international therapists. It seems that it might be useful to create some form of supervision for translators similar to that already provided for therapists. The provision of such supervision might, however, further blur the boundary between therapists and translators.

Programme staff presented a number of justifications for the existence of these therapeutic programmes. Justifications ranged from the general lack of therapeutic services in Bosnia and Herzegovina to aspects of therapeutic music in particular that staff believed make it an appropriate therapy. Staff noted that music is an everyday interactive medium that has the ability to engage groups and to create a safe space for communication. Some members of staff felt that the history of music within Bosnia and Herzegovina made it a particularly effective therapy within this particular context, although the use of music for political purposes within Bosnia and Herzegovina prevents the use of some local music within sessions.

Analysis of staff perceptions reveals a strong belief in the effectiveness of music therapy alongside accounts of ways in which it is effective and the differences it is

perceived to make for clients, families, and communities (see Chapter 8). However, independent evaluations have not been conducted (see Chapter 2) and any evaluations this study reveals within the programmes themselves are limited to accessing views rather than robust outcome measures.

This chapter has examined the therapeutic process, comparing the methods used by these programmes as well as the way in which programmes select clients and run sessions. The use of translators within Western music therapy sessions has been explored, and the role of music as therapy within Bosnia and Herzegovina has been discussed, as well as staff perceptions of the therapeutic value of music. The next chapter examines staff, parent, and carer perceptions of these therapeutic music programmes.

Chapter 7

Perceptions of Therapy

The previous chapter explored the therapeutic process as described by programme staff. This chapter looks at how client, parent, and carer perceptions of the therapeutic programmes relate to the perceptions of staff members. Different groups' perceptions of the programmes provide valuable insights into what each group expects to obtain in terms of programme effects. Ways in which these expectations converge and diverge can provide useful information as to whether programmes are achieving what they expect. Perceptions are first examined by participant group and are then compared across groups: first clients, then parents and carers, and finally staff.

7.1 Client perceptions

Despite differences in programme aims and staff training, there seemed to be little difference between programmes with regard to client perceptions. Across the three programmes, client responses to the question “Why do you go to your music classes?” ranged from “I don’t know” to responses about the clients’ love of music or their desire to gain musical skills. This section examines these client responses.

7.1.1 No awareness of therapy

It was extremely rare for clients to identify a therapeutic aspect of the programmes. Out of the 56 clients from Programme A who completed questionnaires, only two identified any therapeutic aim in response to the question “Why do you go to your music classes?”:

To learn. To lose my nerves. (S09, Programme A)

Because I need therapy and because I like it. (P1, Programme A, second questionnaire)

It is unclear whether client P1 understands the meaning of the word ‘therapy,’ and client S09 combines learning with the recognition of a therapeutic effect. It is therefore debatable whether even these two clients understand the therapeutic aims of their sessions. Both client S09 and client P1 completed two rounds of questionnaires, and neither client mentioned a therapeutic aspect of their sessions in their other answer to this same question.

One of Programme A’s clients who was not allowed to complete a questionnaire (Programme A felt that her disability was too extensive as discussed in Section 4.7.3) did make a comment during a session I was observing that showed that she possessed at least some understanding of the therapeutic aim of Programme A’s sessions:

Julie told Laura [her music therapist] that her mother told her to go to music therapy at the music centre and that then she would get better. (Field notes, 10 November 2004)

Laura expressed surprise at Julie’s understanding of the therapeutic aspect of her music sessions, indicating that she did not expect Julie to possess this knowledge.

Out of the nineteen students from Programme B who completed the questionnaire that asked why they went to their music class, three answered that they went “Because it’s good for us.” While this might imply some understanding of a therapeutic intent, it is impossible to tell without further clarification. No clients from Programme C gave answers that implied any understanding of the therapeutic aspect of their sessions.

It is possible that all of the clients understood the meaning of therapy and simply did not wish to acknowledge it on a questionnaire. However, this seems unlikely, particularly in light of the fact that Programme B staff did not think that clients thought of their sessions as therapeutic and that Gladys from Programme A specifically told me that she did not want clients to think about their music therapy sessions as treatment for a problem. Other staff members of Programme A noted that clients normally called their sessions ‘therapy,’ but without any understanding of what this term means. I did not discuss this matter with Programme C.

7.1.2 Education

Many clients described their sessions as a class where they learned to play instruments or sing:

I am learning how to play and things like that. I am learning about how to hold the strings on the guitar. (SS21, Programme A)

To learn, to play well (S09, Programme A)

To learn many things. (ST 8, Programme B)

Because I want to learn to play and sing (MS9, Programme C)

To learn lots of sacred songs. (MS8, Programme C)

These clients appear to believe that their sessions are primarily educational. The fact that client MS8 noted that they learned sacred songs reveals the Catholic (Croat) emphasis of Programme C's work (see Section 10.4), although it should be noted that these clients were also taken from a nearby Catholic orphanage where a Catholic emphasis might be even stronger than usual.

7.1.3 Self-expression

Some clients of Programme B gave answers that appear to exhibit an understanding of the expressive emphasis of the programmes studied:

To sing, draw, and play. (ST3, Programme B)

To sing and draw and write. (ST6, Programme B)

While these clients might also be thinking of their sessions as primarily educational, their answers indicate an understanding of an expressive aspect of the sessions through various mediums.

As discussed in Chapter 2, self-expression is believed to be one of the central benefits of music therapy. Thus, these clients were identifying what programme staff might consider a therapeutic benefit of sessions even though they did not appear to be aware of the therapeutic intent of sessions. These clients are identifying standard methods of self-expression, however, and not the non-verbal form of self-expression emphasised by staff members (see Sections 6.6).

7.1.4 Enjoyment of sessions

Programme clients sometimes stated that they went to their music sessions because they wanted to and because they enjoyed the sessions:

Because I like it. (MS1, Programme C)

Because I want to. (MS4, Programme C)

Other clients of simply said that they attended their music sessions because they liked music:

I adore music (SS11, Programme A)

I sing and play there. It makes me happy to be there. (SS13, Programme A)

There was observational evidence that clients—particularly those in Programme B—enjoyed their music sessions. Client enjoyment of sessions across programmes was also evident in the fact that the most common improvement suggested by clients was to hold more sessions more frequently. Enjoyment of sessions was the only programme effect mentioned by all participant groups (see Table 7.1 at the end of this chapter).

7.1.5 ‘It’s on the timetable’

Some client answers were very pragmatic; they went because they were supposed to:

Because it’s written in the timetable” (Student 9, Programme B)

I have to go. (SS04, Programme A)

I go because I’m told to go, but if I didn’t have to, I would still go. (SS17, Programme A)

Because the teacher says to go and because I wanted to go. (MS6, Programme C)

The responses of clients SS17 and MS6 indicate that clients enjoy the music sessions even when they attend sessions because they are told to do so. Client appreciation of music sessions was also evident in responses to other questions on the client questionnaire and (as noted previously) in observations.

7.1.6 Group management

Clients were asked what, if anything, they disliked about their music sessions. The majority of clients of all three programmes said there was nothing they disliked. A few clients noted that sessions should be held more frequently or should last longer. The one complaint about the actual sessions was regarding disruptions during group sessions:

I don't like it when E. and V. talk during music. (SS21, Programme A)

I don't like to hit with others and have arguments with them. (SS25, Programme A)

I don't like in the music classes when one person is talking and another person interrupts them while they are talking. (MS6, Programme C)

I don't like in the music classes when there is a lot of talking. (MS9, Programme C)

This indicates that clients expect and wish for their programme sessions to be run in an orderly manner and are unhappy when fellow clients disrupt the order created by the staff members leading the session. It is interesting that, while staff of Programme B were the only staff to note problems with group management, it was only clients of Programme A and Programme C who voiced this complaint. This indicates that difficulties with group management might be present across all three programmes.

7.1.7 Summary of client perceptions

Based on questionnaire responses and observation, clients appear to view their sessions as enjoyable and educational. Although some clients attend sessions simply because 'it's on the timetable', there are indications that even these clients enjoy their music sessions. Clients do not appear to be aware of the therapeutic aims of their sessions. Some clients did identify self-expression as an outcome of sessions, something that programme staff frequently noted as a therapeutic benefit of sessions as discussed in the previous chapter. Clients seem to expect their sessions to be run in an orderly manner, as expressed through their complaints about fellow clients' disruptions of sessions. As disruption of sessions was the only client complaint and all other comments were very positive, there is substantial evidence that clients enjoy their sessions. Clients also appear to feel that they derive personal benefits from these sessions, although these benefits appear to be primarily educational rather than therapeutic. The next section examines parent and carer perceptions of therapy sessions.

7.2 Parent and carer perceptions

This section examines parent and carer perceptions of Programme A; due to access issues, parent and carer findings are based on data from Programme A only. As noted

in Section 3.4.3, carers frequently completed questionnaires for multiple clients. Section 3.4.3 also explains why carers sometimes completed questionnaires instead of parents.

7.2.1 Appreciation

Parents and carers appear to feel a deep sense of appreciation for Programme A's work:

You are quality and necessary, and from your therapy my daughter has multiple benefits. Thank you very much. (Parent J)

You are one of the very rare organisations that base their work on humanism and love for the children. We hope that you will stay that way. (Parent K)

I wish that it is possible for more children with special needs to get involved in your work. (Kindergarten Carer A)

[Wishing you] much success in the work. (Kindergarten Carer B)

These responses were taken from parent responses to the questionnaires designed and administered by Programme A before the start of this research project. While responses may have been influenced by the fact that Programme A was distributing this questionnaire in hopes of using the responses to obtain further funding, these responses do appear to indicate a genuine appreciation for Programme A's work.

7.2.2 Relaxation and coordination

Based on an overview of carer responses, carers appear to view relaxation and improved coordination as the primary benefits of music therapy sessions. While parents did not mention coordination, relaxation was a benefit of music therapy noted by parents as well as carers.

Because music therapy can help him to develop psycho-physical coordination. (carer of client SS34, Programme A)

To relax and for better communication. (Parent of client L1, Programme A)

It makes her relaxed, calm. (Parent of client T1, Programme A)

For reducing spasms and relaxation in general. (Carers of client C5, Programme A)

While neither of these effects was particularly emphasised in interviews with staff, literature reveals that the use of music therapy to help with coordination has been particularly successful with Parkinson's patients (Pacchetti et al., 2000). Relaxation might be connected to music therapists' belief that music therapy allows clients to reach an undamaged inner self (see Section 2.2).

7.2.3 Developing musical skills

The potential of music therapy to develop musical ability was noted by some carers, indicating an understanding that sessions included an educational component:

Development of sensitivity for rhythm and melody. (Carers of client C7, Programme A)

Development of sensitivity for sounds, rhythm and melody. Coordination of movement. (Carers of client C5, Programme A)

Unlike some of the clients, carers do not appear to perceive therapy sessions as purely educational, but they do perceive some educational benefits. Parents did not indicate any belief that sessions would improve their child's musical skills.

7.2.4 Treatment for clinical symptoms

Carers of clients from Programme A who responded to questionnaires appeared to be very aware of the therapeutic aspect of Programme A's work. This is shown through carers' emphasis on clients' clinical symptoms in their responses to the question "Why does your child/student go to music classes?":

Attends music therapy sessions because of emotional instability, anxiety, and manic depression, which is her pathology. (Carer of client P1, Programme A)

He has chronic symptoms and his basic diagnosis is schizophrenic. (Carer of client P3, Programme A)

While the carer who completed the questionnaires for the P-series clients merely stated the clients' pathology without indicating what music therapy would do alleviate said diagnoses, other carers noted specific ways in which they expected music therapy sessions to help clients:

Because music therapy can help him to develop psycho-physical coordination abilities considering the fact that the child has special needs (elements of autism & hemiplegia). (Carer of client SS34a, Programme A)

For expression and direction of energy. Development of hearing attention. Relaxation of muscles. (Carers of client C4, Programme A)

Parents did not list clinical diagnoses in response to this question; this difference in emphases in questionnaire responses is discussed in Section 7.2.6.

7.2.5 Enjoyment of sessions

Parents emphasised that one benefit of music therapy sessions was the fact that their child enjoyed the sessions:

My child likes music. It...has a positive effect on her mood. (Parent of client T1, Programme A)

Because she likes that; music is a part of her life. (Parent of client T3, Programme A)

Because she likes classes and teachers. (Parent of client T2, Programme A)

Just as parents did not mention clients' clinical diagnoses, carers did not mention client enjoyment of sessions; this difference in emphases is discussed in the next section.

7.2.6 Differing emphases

As noted above, there appeared to be differing emphases in carer and parent responses to the first question on the parent/carers questionnaire. This difference in emphases is also seen in the second question of the parent/carers questionnaire, which asked for the aim of the client's music sessions. Client carers gave nearly identical answers to this question and the first question, which asked why clients attended music therapy. The carer for the P-series clients actually referred the reader back to the symptoms listed in question one. Parents, however, approached the question "What is the aim of these music classes?" very differently, focusing (with one exception) on non-clinical aims such as personal engagement and education:

So that through the music she can learn something else that is new. (Parent of client T2, Programme A)

To make them happy, satisfied, and to get them to involve themselves.
(Parent of client T3, Programme A)

The goal is for her to have fun, to relax her, and to make personal contact with her possible; also pronouncing letters. (Parent of client L1, Programme A)

The parent of client L1's answer is the only response to give any recognition of a clinical application of the music therapy sessions, and as with parent responses to the question "Why does your child attend music sessions?", all three parents' responses refer directly to the client's personal growth, contrasting sharply with the carer focus on symptoms. This is interesting, particularly considering that Programme A meets with parents to discuss client treatment just as they meet with carers.

There are two possible explanations for the different focus of parent and carer responses. Staff may emphasise the clinical aspects of the sessions more with carers than with parents since carers are professional employees at institutions where clients are situated. If this is the case, carers are likely to have a better understanding of the clinical aspect of the music therapy sessions and so would be better situated to discuss it on a questionnaire. Since I was not permitted to observe interactions between Programme A staff and parents or carers, there is no way of verifying this hypothesis. Staff members also frequently discuss multiple clients with a single carer, thus giving carers greater exposure to the therapy work.

The second possible explanation for the different emphasis in carer versus parent questionnaire responses lies in the relationship between these individuals and the clients. It is possible that the more intimate association between a parent and child leads a parent to value client enjoyment of sessions (and therefore to emphasise it in a questionnaire over clinical effects that they might also be aware of), whereas the professional role of carers leads to a focus on the clinical effects of music therapy. Thus, the differing responses do not necessarily indicate different perceptions of the actual sessions.

While the level of access needed to further investigate this issue was not provided by the programmes involved in this study, an improved understanding of parent and carer perceptions of the programmes might help programmes increase the level of parent and carer support of the programmes. Better understanding of parent perceptions of programmes in particular might also improve staff communication with parents, a possible area for programme improvement discussed in Section 8.3.

As with clients, responses from parents and carers implied an overwhelmingly positive regard for Programme A. Parent and carer responses differed from client responses in their emphasis on the therapeutic aspect of the programmes. Carers appeared to share client understandings that sessions could provide educational benefits. Parents were particularly aware of their children's enjoyment of sessions, and appeared to consider this to be a primary benefit of the programme. The next section examines staff perceptions of the way in which parents, carers, and clients perceive the programmes.

7.3 Staff perceptions of therapy reception

This section explores the ways in which the staff of the three programmes perceive client, parent, and carer reception of their therapy services. Because of the sheer quantity of time spent discussing these issues formally and informally with staff of Programme A, their views are somewhat emphasised over those of staff of Programme B and Programme C.

7.3.1 Last resort

Staff of Programme A noted that music therapy was often a last resort for a child who had gone through endless visits to various doctors with no results. Programme A staff felt that, for many of these clients, music therapy was a welcome change from previous interventions, which were often painful, invasive, and ineffective:

One client when he first came, he thought he was coming to a doctor's office. And it was just awful. When he got here his body language was stiff and he was yelling and screaming and crying. And it took me eight minutes—which was actually quite good—to get him into a studio room. I brought the guitar with me so he could see it was a guitar. But he was so loud and so protesting it was hard to get through to him that it was not the doctor until I started to sing “hello” to him, sing. And he, very musical responsiveness on this child's part. And he went into the room and after that he's come very happily. (Gladys, Programme A)

Staff noted that parents were very grateful to have any service that helped their child:

I talked to her mom, I just had a meeting with her. And she was so grateful. She was really grateful. She said she paid a speech therapist 900 marks a month. . . for a couple months and it just had absolutely no impact. Nothing. She said the speech therapist would like plug Diana's nose

and try and make her talk and told her mom that she was just spoiled? And that was why she wasn't talking. And she said that music therapy is the only thing that she's ever seen that's worked with Diana... she's seen some significant changes that have happened since I started working with her. (Joseph, Programme A)

Staff believed that parents were particularly grateful to have a therapy that was effective for clients without causing client discomfort.

7.3.2 Not just fun and games

Copley and Forryan (1997) believe that therapy cannot always be a positive experience since "there is no way of avoiding the truth of a child's painful experience" (p. 17), and that, for this reason, therapy with a traumatised child should never be taken lightly and should only be provided by someone with adequate training and supervision. Although they believe that their sessions are less invasive and uncomfortable than other treatments that clients might receive, staff of Programme A noted that positive anecdotes do not mean that music therapy is always an entirely pleasant experience for staff or clients. While the provision of a safe environment is a central aspect of music therapy work (see Chapter 2), staff explained that it sometimes takes a long time for a client to feel safe in music therapy. Some clients lack a sense of security to such an extent that entering the therapy room is a challenge:

Some children have difficulty just going into the room. They're either traumatised or there's just no sense of safety. So the very beginning of music therapy is actually moving into the room. It might not feel safe. Some children have a lot of difficulty staying there, and so they will leave the room very often or they will play in the centre, between the two doors [the music therapy session rooms have double doors about one metre apart to ensure full soundproofing]. And some children have difficulty. They need to be in control. I think it's a sense of safety; they don't want to give control over to anybody else... So it takes a long while, usually takes a long while for these kinds of difficulties to work themselves out in a music therapy session. (Gladys, Programme A)

This initial need for client control in therapy sessions with children in particular was mentioned frequently in music therapy literature (see Section 2.3.1).

Joseph noted that music therapy's push for the exploration of emotions can be difficult for clients:

I think sometimes they dislike when they're being pushed... Our goal is not "Let's make all the children happy." It's trying to create, trying to help

them be more functional in whatever sense they can, you know, inside their environments and inside their societies. So sometimes that growth process, I think, there are difficulties in that too and I think if I had to say there were things that they didn't like about it I would guess it's probably those, you know, being pushed. (Joseph, Programme A)

Deverell and Sharma (2000) note that complementary therapists can be over-eager in their efforts to push clients towards expressivity, since "the progress of the 'opening up' and 'tuning in' process may lead the patient to make revelations which they later regret" (p. 40) and clients "may just want something much more modest than what the healer wants for them" (p. 39). It seems that exercising caution in this area might be particularly important when clients are unaware of the therapeutic aims of their sessions as discussed earlier in this chapter.

Besides the potential for emotional discomfort, Antje noted that sessions were sometimes more structured than clients would like them to be. The level of structure varies greatly from therapist to therapist, however, and Gladys found the opposite to be the case:

Some clients may dislike the lack of structure. They are so used to being perhaps in a classroom where every minute is organised and structured. They may feel safe with structure. And so when they come we will give structure if we realise that's what they want. But I would say that maybe not knowing, they may feel uncomfortable with reaching their creative side if that hasn't been allowed in the past. (Gladys, Programme A)

It is unclear why two staff members of the same programme would have such different perceptions of clients' reactions to structure. Brown (2002) notes that music's ability to be structured or free is part of what makes it such an effective therapeutic medium. It is possible that clients expect more structure from Gladys as a mature international woman and so are uncomfortable when this structure is not provided. Antje is much younger and Bosnian, which may make clients more willing to challenge her proposed activities. Based on staff comments and observation, Antje's sessions were in any case generally more structured than Gladys'. This leads to the third possibility: that there is some other undiscovered aspect of sessions that makes clients uncomfortable that staff are wrongly interpreting as levels of structure. What is clear from these responses is that staff feel that there are aspects of sessions that clients perceive in a negative manner.

Clients were asked on questionnaires if they found any aspect of their music sessions difficult. Most clients answered that nothing was hard. Those clients who identified an area of sessions that was difficult spoke of physically demanding aspects of

the sessions, with activities requiring higher levels of coordination (i.e. drums and singing) being the most commonly identified areas of difficulty. Staff were unaware of this client perception prior to questionnaire distribution. This client focus on physical rather than emotional aspects of the sessions is perhaps not surprising given the clients' lack of awareness of the therapeutic purpose of their music sessions as described in Section 7.1.1.

Programme A was the only programme to discuss a non-positive client perspective of their work. As discussed in the previous chapter, staff of Programme B take pride in ensuring that clients enjoy all aspects of their sessions, so it is not surprising that staff of Programme B believe that their clients have only positive perceptions of their work; this is discussed further later in this chapter. Contact with Programme C was too limited to determine staff perceptions in this area.

7.3.3 A sense of belonging

Staff of all three programmes felt that music sessions provided a rare opportunity for some clients to experience a sense of belonging:

I have one girl whose mom, her father left them and she lives with her mom but her mom is schizophrenic and she is mostly in hospital. So basically the child is alone. And at music therapy very important is feeling that she is part of our group. (Laura, Programme A)

Laura identifies a fairly simple benefit, with music therapy providing a group to which this girl can belong.

Nathalie felt that, by improving client communication, therapy could provide clients with a stronger sense of belonging within the greater community.

I would hope with a lot of the special needs children that that really impacts on how they interact with others on the outside, like socialising with people in their families, in their communities. That makes the community more accessible for the child and therefore the child is accessible to the community, like both ways round. (Nathalie, Programme C)

Thus, staff appear to believe that therapy sessions can give clients a sense of belonging within the greater community as well as within therapy groups. Observations of clients experiencing this sense of belonging during programme sessions are discussed in Section 8.1.2.

7.3.4 Someone to talk to

Although the non-verbal nature of music therapy was emphasised by staff during interviews, local staff and clients did sometimes engage in something akin to verbal therapy. Local staff felt that this verbal component of therapy sessions was important to clients:

I worked with him for one year and at that last part of our working we composed a song together...and then he started to just speak about his problems. His younger brother was in hospital, his mom was anxious and very sad and the boy started to speak about that. It was the first time that I heard such a thing from him; he didn't want to speak about it before at all. And then I understood how he feels in that situation, how he understood everything that is going on around him. (Laura, Programme A)

Turry (2002) notes that songs with words are useful for children since they allow children to make their feelings more concrete and they provide a space for children to discuss concrete experiences since children are less developmentally prepared to deal with abstract ideas than adults. In this case, the client's experience of writing a song together with Laura appears to have created an opportunity for him to discuss the issues that were weighing on his mind more openly.

This form of verbal therapy appeared to be unique to local music therapists. Based on observations, clients appear to connect more easily with local than with international therapists. Local therapists felt that it was important for their clients to have a local therapist:

The important thing is that we are speaking the same language. That is very important for me and I think for them, because all of these years they had a music therapist, very experienced and professional, but they didn't speak their language. Working with the clients who are able to speak, to talk with me, I think it's very important for them to have that verbal kind of communication as much as this non-verbal musical communication. (Antje, Programme A)

International therapists never provided any examples of clients talking with them about personal matters, and there was evidence from observations that clients did not express themselves as freely around international therapists:

Amy returned from walking Kelly [Anna's client] back. She says that on the way back Kelly was very different from how she had been in the session, laughing and walking around and talking. Anna thinks that Kelly doesn't like the fact that Anna can't speak Serbo-Croatian. (Field notes, 11 November 2004)

This indicates that clients may obtain additional benefits from local therapists that may not be available in sessions with international therapists. It also indicates that clients may not be as comfortable with international therapists, which could limit the therapeutic potential of sessions. It is not surprising that clients would feel more comfortable with local therapists, since local therapists will be fully aware of any cultural norms and expectations. While local assistants such as Amy are meant to bridge the cultural gap between international staff and local clients, cultural disconnects can still occur and local clients are inevitably aware of the fact that international staff come from a different culture than themselves. Issues with international therapists are discussed in depth in Section 10.3.1

7.3.5 No awareness of therapy

Staff do not believe that clients are aware of the therapeutic intent of their sessions. Gladys actively prevented clients from becoming aware of these therapeutic aims:

Gladys asked to meet with me this morning and said that she was concerned... she said that the children don't think of their therapy as therapy and Gladys wants it to stay that way... Gladys was concerned that my questions might get her clients thinking and that they might realise that they are in therapy. (Field notes, 18 November 2004)

Joseph felt that clients would understand the therapeutic nature of their sessions over time, but that an initial naïveté about this aspect of sessions could be beneficial:

I don't think they really understand the extent to which music therapy can be effective in their development and I don't think they have to. I think sometimes it's better that way, if they think, "Okay this is a place where I come and there's this nice man or this nice woman who likes to play music with me and sometimes we talk about emotions and sometimes we play things that, you know, make me feel a little bit uncomfortable or feel like I'm being pushed in different directions or sometimes I feel like I can really let out a lot of what's been happening with me..." I don't think they conceptualise it the way I do, which is, "This is a therapeutic, safe environment for them to develop over, in a process with a therapeutic relationship over time." That doesn't occur to them and it doesn't have to, but their understandings come slowly and in pieces. (Joseph, Programme A)

Laura felt that, while clients did not understand that they were in therapy, they did feel a difference between their therapy sessions and regular music classes:

I don't think that they understand the word "therapy." But they don't feel it like music class. More like some kind of workshop because we do different things, different activities there. We draw with them, we act. So not as a music class, more like some kind of meetings, regular meetings in a group. . . I work with young children. I don't know how to explain to them, what is therapy. (Laura, Programme A)

It is interesting that Laura feels that clients distinguish between music therapy and regular music classes because of the inclusion of other artistic mediums (such as drawing and acting) rather than because of some difference in the musical aspect of the sessions.

Anna felt that clients had no idea that they were in therapy, and that clients would not recognise any form of therapeutic process in the sessions:

They don't know that it is therapy and that they have problems and that we try to help them. (Anna, Programme A)

Antje felt that it was simply not important for clients to understand that they were in therapy:

They are saying, "We are going to music therapy, we are going to music therapy." You know, maybe they don't understand that word, therapy, but it's a sentence they usually, they often use. It's not so important that they go so much into this meaning. I don't have to explain to them, what is music therapy; that's not so important for them. (Antje, Programme A)

There was no evidence that staff of any of the programmes felt that it was important for clients to understand the therapeutic nature of their work. Staff of Programme B appeared to rarely discuss the therapeutic aspect of their work, although it was highlighted in material written for funding bodies. Programme B staff were certain that their clients did not perceive their work as therapeutic. I did not discuss client awareness of the therapeutic intent of sessions with staff of Programme C.

There is evidence that other creative therapists may also mask the therapeutic aims of therapy sessions or neglect to make this aspect of their work apparent to their clients. For example, Moustakas (1953) describes play therapists¹ inviting children to the playroom and ensuring that children understand that they can choose whether or not to enter. However, these play therapists do not appear to help children understand that the

¹Play therapy has some similarities to the Western music therapy methods used by the programmes involved in this study. Both forms of therapy are conducted either one-to-one or in small groups, and the therapist works with content improvised by the client—musical content in music therapy and play narration in play therapy. However, play therapy appears to be used exclusively with children, whereas music therapy may be used with adults as well.

playroom serves therapeutic purposes. Moustakas quotes a therapist advising a parent to explain play therapy to their child in this way: “I would suggest that you tell her that she’s coming here to play” (p. 110). This indicates that some therapists make no attempt to encourage client understanding of the therapeutic nature of their work, with some play therapists (like Gladys in her music therapy work) possibly preferring that their clients remain unaware of the therapeutic purpose of their sessions. However, Axline (1947) quotes a play therapist as telling a client, “Your mother brought you up here so that you could get some help with the problems that bother you,” (p. 88) and Daniels and Jenkins (2000) speak of allowing children to refer themselves to play therapy, further indicating that some play therapists do explain the therapeutic intent of their work to their clients. There was no definitive guidance in the music therapy literature reviewed in Chapter 2 as to whether music therapists should or should not reveal the therapeutic nature of their work. Play therapists did, however, appear to have a different concept of child clients since they spoke of play therapy providing “a professional adult relationship to the child where his feelings can be borne, thought about and talked about.” (Copley and Forryan, 1997, p. 21). There was no evidence that music therapists ever thought of their sessions as providing a “professional adult relationship” with clients, either in literature or observations and interviews conducted as part of this study. Music therapists in this study appeared to perceive all of their clients — children and mentally disabled adults — as primarily passive recipients of therapy.

Programme A staff feel that all parents and carers are fully aware of the therapeutic aspect of their work, but in questionnaire responses carers emphasised clinical effects much more than parents. As discussed earlier in this chapter, it was unclear whether this indicated a greater understanding of therapeutic goals from carers or whether parents were emphasising other areas (client enjoyment of sessions in particular) because they valued this aspect of therapy. The latter is quite possible, particularly since, in interviews, staff members indicated that parents expressed pleasure at Programme A’s ability to make clinical progress with clients without making clients uncomfortable. Parents and carers of Programme B are likely to be unaware of the therapeutic aspect of Programme B’s work, since according to both Programme B staff and clients most parents and carers know little to nothing about Programme B’s work with their children. Parent and carer awareness of therapy was not discussed in the single interview I was able to conduct with staff of Programme C.

7.3.6 Enjoyment of sessions

Although acknowledging that elements of sessions were difficult, international staff of Programme A felt that clients probably enjoyed therapy sessions:

I really don't know [what clients think about therapy sessions]. I suspect because they come willingly and happily to the sessions generally, especially once they get used to knowing what's going on, that they have an anticipation of something that's good for them. (Gladys, Programme A)

Local staff members appeared to be more willing to assert that the clients really enjoyed music therapy:

Most of the kids like music therapy... I think they like the opportunities to try different instruments, to explore, [to be] given a chance to do whatever they feel like doing, not being judged or not being stopped by anybody. (Jacob, Programme A)

They like it. They like it. Some of them come very early before the session starts and some of them don't want to go home. Once when I was unable to work with them on one Wednesday I suggested that we can see each other on the weekend since they are free. And then they asked — we always have this group at 6 in the afternoon — and one girl said, “Can we meet at 8 in the morning?” I said, “It's a weekend, it's too early!” And then she said, “Oh, if we do that again at 6 in the afternoon I will not be able to wait so long!” (Laura, Programme A)

Local therapists appeared less willing to push clients in ways that made clients uncomfortable, and this might explain why local therapists seemed to feel that clients were more positive about music sessions than international therapists:

If I see that some activity is not so good for one client I just change it. (Laura, Programme A)

I was unable to determine whether the local therapists' discomfort with pushing clients was due to cultural beliefs regarding what level of stress it was appropriate to place on clients or due to the local therapists' greater sensitivity to their clients' lives (which is itself a cultural factor).

Programme B staff were confident that their clients enjoyed their sessions, and considered ensuring client enjoyment of sessions to be a central aspect of their work:

I just know that when they are in class they are happy. And that's our job, to make them happy. (Jonathan, Programme B)

They love us and every year they are asking, will we come next year. (Jeff, Programme B)

When asked what their clients did not like, staff members of Programme B said that they worked to ensure that clients enjoy every aspect of their workshops:

Every week or every month we are looking for, we are looking to do some new things and new songs or new creative works, new games for children. So they know that we will come to do something new. And so it's not boring for them. (Jeff, Programme B)

Staff of Programme A said that the most common complaint made by clients was that they would like to have more music sessions:

One boy didn't like that his session doesn't last for almost a whole day [laughs], that it is only half an hour, so he didn't want to leave this place. Things like that. Anyway it's that. They want to come more times per week. (Amy, Programme A)

Staff of Programme B also noted that clients would like sessions to run more frequently. This client desire for more frequent sessions is a further indication that clients enjoy and appreciate their sessions.

When asked what clients liked about their music classes, staff members from Programme B were more likely to focus on specific activities the clients enjoyed rather than the more abstract benefits expressed by Programme A staff:

Music is in the first place what they like most. Teaching new songs from all over the world. . . rhythm games, actually they like a lot, with the drums. They really, really like that. (Jonathan, Programme B)

This different emphasis reflects Programme B's balancing of therapy with education and performance, compared to Programme A's focus on therapy alone.

7.4 Discussion

Perceptions of the programmes by parents, carers, clients, and staff appear to be universally positive, but interpretations of programme aims and benefits vary widely, as illustrated by Table 7.1. Staff of all three programmes expressed a firm belief that the music programmes had a positive impact on the social development and wellbeing of clients, although perceptions differed between programmes and individual members

	Clients	Parents and Carers	Staff
Education	✓	carers only	Programme B only
Self-expression	✓		✓
Enjoyment	✓	emphasised by parents	✓
Therapeutic		✓	✓
Relaxation		✓	✓
Coordination		carers only	✓
Treats clinical symptoms		emphasised by carers	✓

Table 7.1: Client, parent, carer, and staff perceptions of the effect of sessions on clients.

of staff regarding client enjoyment of actual therapy sessions. Staff and carers from Programme A in particular appear to focus on the clinical aspects of programme work, while staff of Programme B appear to focus on concrete activities that they believe clients will enjoy. In interviews, local staff of Programme A stressed client enjoyment of sessions more than their international colleagues. This may be tied to the fact that local staff of Programme A appeared to be less willing than international staff to see clients experience discomfort in exchange for clinical effects, since it could mean that local staff are less likely to push clients to engage in activities that might make clients feel uncomfortable.

Clients of all three programmes appear to be unaware of the therapeutic intent of the programmes, with two clients from Programme A being the only client respondents to show any awareness of a clinical aspect of their sessions. Programme A appears to actively prevent client awareness of therapeutic goals due to a belief that this could interfere with the therapy process. It might be useful for therapists to examine this practice more critically, particularly given the exhortation of Daniels and Jenkins (2000) that therapists “consciously address their own use or abuse of power in working with children” (p. 130). While there might be a justification for shielding clients from the knowledge that their sessions are therapeutic, it should not be done without serious consideration beforehand.

Parent and carer responses had different foci. Parent responses emphasised client enjoyment of sessions, while carer responses emphasised the clinical aspects of sessions. It was not clear whether this difference was due to differences in parent and carer relationships with staff or whether it was a reflection of the different relationships parents and carers had with clients; it could also be a combination of these two

factors. Parent and carer feedback was limited to Programme A, and even then was sparse, making it difficult to derive conclusions from feedback.

Staff appeared to have a fairly clear idea of how clients perceived their programmes, although very little information on this was available from staff of Programme C. Staff of Programme A did not appear to expect clients to perceive their sessions as educational, despite noting that clients were unaware of the therapeutic aims of sessions. Rather, staff seemed to believe that clients would perceive their work as a workshop-type activity that fell somewhere between music lessons and therapy. Staff of Programme B appeared to have a more straightforward relationship with their clients, quite possibly because in interviews for this study they described their sessions as primarily educational, with therapy being a secondary benefit, and their clients understood the educational nature of these workshops. Documents written by Programme B for their funding body continue to emphasise the therapeutic nature of their work.

This chapter has examined client, parent, carer, and staff perceptions of the programmes studied. The following chapter explores perceived programme effects on clients and the community, as well as areas for programme improvement as gleaned from staff, client, parent, and carer feedback as well as field notes.

Chapter 8

Community and Communication

Music is the most social of all arts. It creates communication between people in infinite ways. (Alvin, 1983, p. 53)

The above quote by Alvin, a music therapy pioneer, illustrates the emphasis music therapists place on the communicative potential of music. This chapter examines the programmes' attempts at building community and communication, as observed and described by staff, parents, clients, and carers. Ansdell and Pavlicevic (2005) note that modern music therapy has moved away from the healing discourse so that "communication itself is the more modest therapeutic aim. . . as music therapy develops further as a global health profession, it increasingly presents itself as a psychosocial intervention, rather than a curative medical one" (p. 194). The programmes in this study presented themselves primarily as psychosocial interventions, and this chapter explores this aspect of their work.

8.1 Effects on individual clients

As discussed in the previous chapter, staff of all three programmes expressed a belief that their work had a positive effect on clients. Improved interactions and positive communication emerged as themes when looking at positive programme effects that were perceived by all participant groups and through my own observations. Due to the inclusion of parent and carer feedback (which was only obtained from parents and carers of Programme A clients) as well as the verbosity of Programme A staff on this subject, this chapter has a certain emphasis on Programme A's work over that of the other programmes studied, limiting the generalisability of these findings.

8.1.1 Communication and self-expression

The purpose of improvising music in music therapy is to establish a communicative relationship between two people. (Pavlicevic, 1991, p. 4)

Music therapy is a means of producing communication. (Aldridge, 2005a, p. 31)

Improved communication was a theme that emerged in questionnaires with parents and carers from Programme A as well as in interviews with staff from all three programmes:

I think that music can help [children] to be more courageous, to come out of their isolation and just help them to communicate with others and give them the experience of normal or closer to communication with others. It can help them just to get out of their isolation. (Anna, Programme A)

The goal is for her to have fun, to relax her, and to make personal contact with her possible. (Parent of client L1)

[Programme B is important because it develops] personality, relaxation, better communication (Staff member H questionnaire, Programme B)

Carers from Programme A noted that music therapy made clients more open and willing to communicate and more sensitive towards music. Carers also attributed one client's expanded vocabulary to music therapy.

Staff of Programme A in particular appear to view self-expression as one of the most important benefits of music therapy for their clients. Communication and increased client expressivity are central themes in Programme A's written list of potential benefits for clients (see Appendix C). Staff explained how they felt that sessions improved client self-expression:

There are some aggressive children and I hope that music therapy can help them... find ways what their anger can come out. For example on the drum, if they can say, "Okay, today I feel aggressive," and we make a loud drum session and then afterwards we can make something else, but they can direct their aggression so that it is not overwhelming for them. (Anna, Programme A)

I think they like this new way for them to express themselves. If you have a problem expressing with words you can do that very easily through music. I think they like that. (Laura, Programme A)

Laura's comment that music can be an easier avenue for self-expression than words is a common theme among music therapists (see Section 2.2.1). Besides being an easier route to self-expression, staff emphasised music's ability to facilitate positive interactions, a concept explored in detail below.

8.1.2 Positive interactions

Music therapy is claimed to lead the patient to experience increased confidence in forming all kinds of meaningful and satisfying interactions and relationships with other persons. (Pavlicevic, 1991, p. 68)

Positive interactions were another oft-noted benefit of the programmes studied. As Copley and Forryan (1997) note, “the relationship between the client and worker is the keystone of therapeutic work” (p. 17). Staff of programmes in this study appear to believe that the interactions experienced during sessions provide the positive feedback necessary for clients to improve their social skills in everyday life. The parent of client T2 from Programme A said that she could tell that her child enjoyed music therapy and had a positive relationship with her therapist through the child’s reaction to seeing the therapist’s guitar:

Now she’s happy when she sees a guitar and she makes the connection between the guitar and the person who plays it and cannot wait for class to start. (Parent of client T2, Programme A)

The carer who completed questionnaires for clients P1–P5 also felt that clients had a positive experience during their music sessions:

The effect is that that patient experienced music therapy as something very good and positive which can be seen in their reaction after the time they spent in the session. (Carer for P-series clients, Programme A)

Anna (a music therapist for Programme A) used the following anecdote to explain how she feels that music therapy helps build positive relationships and a sense of community:

Yesterday was a session. . . And I tried to [get them to play the same way together] just playing loud and playing quiet and fast and slow and we were on the big drum. And then one little girl tried something else and we all did the same and then they got the feeling; without any words they got the feeling, okay I can do something and everyone will do that. And then the other one does something and it was really funny with them and they were laughing and for me it was a really good experience just to do what I want but in the same moment to do what they want. It was really good. . . And they are so shy, they were just sitting there looking at me. And then suddenly it changed. (Anna, Programme A)

Anna’s story illustrates the sudden changes that appear to take place within a therapy session as children suddenly open up and discover the communicative potential of music. Antje also shared a story that she believed shows how music therapy allows children to open up and gain confidence over time:

I have one individual client, and she is in a very advanced phase of her development. When I started seeing her she was really closed, it was, it looked almost impossible to approach her, but now it's totally different and she is very playful in our sessions, she has a lot of initiative. (Antje, Programme A)

This growth in communicative ability thus appears to occur both gradually (Antje's anecdote) and in spurts (Anna's anecdote).

Children in the schools where Programme B conducts workshops appeared genuinely pleased to see the programme staff, and were always waiting anxiously when staff arrived for sessions. The children also appeared to enjoy the session activities:

As Jonathan sings, Lily goes around saying "meow," interacting with the kids. The kids are very attentive, really enjoy this time... Kids are very well behaved. (Field notes, 4 October 2004)

Besides working in mainstream classrooms, Programme B also conducts workshops at a local special school and at a mental institution. These groups have clients spanning a much larger age group. At the special school, the youngest client might be five years old and the oldest 27 or 28 years old. In the mental institution, clients could range from as young as 10 years old up to any age; there was a woman who could have been as old as 65 or 70 years old in one session I observed. These clients were equally eager to see staff members of Programme B:

[We] arrive at the mental institution. The residents are extremely friendly, shaking your hand and trying to kiss you. (Field notes, 6 October 2004)

These clients also appeared to derive great satisfaction from Programme B's sessions, and seemed to experience a sense of acceptance from their peers:

One attendee who appears to be a teenager takes the stage performing some song solo rock star style if completely tunelessly and incomprehensibly. Everyone claps for him; he is really happy. (Field notes, 6 October, 2004)

This sense of belonging was also noted in the previous chapter as one of the things staff of all three programmes perceived clients as liking about their therapy sessions.

Programme B staff emphasised the impact of the positive environment created by their workshops:

Children get relaxed classes, which they have never experienced before. Teaching friendship alongside social skills alongside learning; everything together. Sometimes the children don't even realise that they are learning; to them it just seems like socialising and being friendly. (Lily, Programme B)

While Programme B staff often describe their programme as educational, the concepts they teach are far more abstract than those typically learned in a classroom:

They can be what they are, they can be what they like... we are teaching them, that's for sure, but [about] friendships, creativity, releasing of this negative energy, also socialisation or interaction with society. (Martha, Programme B)

Martha's comment implies that the 'education' provided by Programme B is aimed at least as much towards building positive interactions and a sense of community as it is towards any form of musical education.

Positive relationships with staff appeared to be important for Programme C clients as well. As Client MS6 of Programme C wrote, "In the music classes I like the teacher because she always has fun with us."

Programme staff appeared to link this experience of positive interactions to improved client self-esteem as well as increased communication. However, as is discussed below, staff emphasised that these changes are not immediate.

8.1.3 It takes time

Programme staff feel that music can help a client with little to no communication skills achieve greater levels of self-expression. However, staff reported that this greater expressivity often takes some time to transfer from music sessions to every day life:

These things are not happening right away. They need some time... I noticed people who are every day with that person notice [client progress] a little bit later and they are telling me "We noticed this," but I noticed that much earlier. But I like to hear their opinion and to see that. (Antje, Programme A)

It's just like any teaching or any kind of healing work. It doesn't manifest itself right away, it's often a few years down the road. (Gladys, Programme A)

Despite the time lapse, staff do feel that the change in self-expression and confidence does eventually transfer over into everyday life:

A little girl that used to come here who wouldn't speak is now singing in a choir and sometimes singing solo. So those things weren't happening while she was coming here but they're happening now. (Gladys, Programme A)

The people, the children that have been very withdrawn, very shy and everything just opening, blossoming and becoming a person with the confidence, with the normal social skills, with the courage and the attitude to approach a stranger, a strange person and just introduce themselves and everything. Which was maybe just a couple of years ago unthinkable for some of the cases. (Jacob, Programme A)

If you compare some children from grade one to where they are in fourth grade you realise how much they have progressed. For example if you had a very shy, closed child in first grade, a child who didn't speak a lot or didn't participate a lot and then in fourth grade you see a completely different person. Then you realise that you are actually involved in their development. (Lily, Programme B)

While this eventual change could be due to any number of factors, such as the maturation of the child, staff feel that it is directly linked to their programmes. Staff support this claim with anecdotes of increased client self-expression and openness over the course of music sessions such as those discussed earlier in this chapter.

Sometimes it takes time for clients to become more open and communicative even within sessions:

Two girls, J. and M., all of the first grade [they] wouldn't even say "ah," not even "ah." They wouldn't draw, they wouldn't do anything—immediately they would put their hands under the table. Today was the first day that these girls actually sang. For one month, we didn't sing anything in this particular school because there was a land mine accident and two children died in this accident. So today was the first day we were singing in the school since the accident. And the children were singing so much that I couldn't even look at them because I was afraid they would stop if I looked. And at the end of the class I asked, "Why did you all sing so beautifully today?" And the children were giving different answers. And I asked J., "Do you like the song that you sang today?" And she said, "I like all of them." "Why didn't you sing before?" She doesn't know. "And why did you sing today?" "Because we didn't sing for a long time." And basically that means that she missed not being able to sing for a month. And M. said, "I really couldn't wait for you to come sing." And on the way out [J. and M.] asked, "What are you going to sing next time?" So that means that this is it, we have these two girls on board as well. Seems strange because never a word, and today they were singing. (Katie, Programme B)

Katie's anecdote shows that, while client change is described by staff as normally being a gradual process, it can also happen suddenly given the right conditions. Staff did not appear to know of any way to accelerate this process. Clients are perceived as needing to progress at their own pace, justifying the need for an individualised rather than a standardised approach to therapy.

8.2 Community effects

Music therapists are increasingly more often working with whole communities... Music has again become a social resource, a way to heal and strengthen communities as well as individuals. (Ruud, 2004, p. 13)

This section examines the way in which the programmes studied affect the local community as well as individual clients. The term “community” can mean many different things; in this section it refers to persons in the surrounding vicinity of the programmes studied, regardless of religion, ethnicity, or other affiliations.

Programmes said that they worked with the local community in hopes of strengthening the knowledge base of local professionals and building inter-ethnic tolerance. In addition to these specific ways in which the programmes hoped to impact the local community, Programme A and Programme C spoke of having a ‘ripple effect’ on the community, where the programmes improved the general community by improving the lives of individual clients:

It's part of my belief system that any internal changes that happen with us move outward and the ripple does go out and that it will have an effect on the community. (Gladys, Programme A)

Nathalie provided an example of how this ripple effect works:

One of the things that music therapy really does focus on is developing social skills and expressibility or spontaneity or creativity in a child. So I would hope with a lot of the special needs children that that really impacts on how they interact with others on the outside, like socialising with people in their families, in their communities. That makes the community more accessible for the child and therefore the child is accessible to the community like both ways round. (Nathalie, Programme C)

Programme B also appeared to believe in this ‘ripple effect’ since they hoped to lower inter-ethnic tensions in the community by teaching individual clients tolerance.

8.2.1 Strengthening the knowledge base of local professionals

On a community level, the programmes studied have expanded beyond their original client population to provide skills training for local people working in related professions, thus enlarging the knowledge bank of the local community. Programme B conducts training workshops for local teachers. While I only observed one teacher training workshop, the teachers at the session I attended seemed pleased with the training provided:

Teachers take the training seriously, seem to really appreciate it AND enjoy and have fun. . . the teachers are starved for this sort of help in teaching. (Field notes, 30 September 2004)

The workshop with Programme B went really well yesterday. I stayed afterwards and got to hear [Programme B staff] read their evaluation forms on the workshop that the teachers filled out. Out of 20 teachers they had all positive feedback, with the only complaints being from two teachers who didn't like the pizza lunch and thought that all the teachers should have gone out to a restaurant for lunch. None of the other teachers even answered the "What did you not like?" question other than to say that there was nothing they didn't like. (Field notes, 1 October 2004)

Programme B staff believe that their work is having a significant effect on the schools they work in, affecting not only individual students, but also the teaching philosophy:

Having us all these years in the classrooms, all the teachers, they see a different way of working with kids. . . We had communism for so many years and in schools everyone was so strict, you can't talk, you can't say anything without asking for a permission to say something, to do something. And they saw us working with kids. Everyone can talk, it doesn't matter. You can talk, you can say what you like, you can always ask something. So it is really really different. And they, all the teachers, they are all getting that now. So basically all the school system is changing. (Gabe, Programme B)

Besides changing attitudes towards student-teacher relations, teachers adapted activities introduced during Programme B's sessions to teach mainstream subjects:

We had done something with music and balls [in a workshop with a class]. And the teacher actually used that in mathematics. . . and it was good, the kid which never knew how to multiply. . . through [the music and ball game] he did [learn]. (Seth, Programme B)

Programme B's effect on the education community is likely to increase now that they hold separate teacher workshops where programme philosophy and activities are explicitly shared with teachers. Teachers from all three ethnic groups attend these workshops, learning Programme B's techniques and activities in order to apply them in their individual classrooms and schools.

Programme A and Programme C also provide training for other local professionals. Programme C provides skills training in both music and art for local professionals. I was unable to observe any of Programme C's training, but I did observe one training session Programme A held for staff members of Programme B. This one session did not go particularly well, as some staff members of Programme B did not appear to feel that they should be required to attend further training and others felt that Programme A was not offering the type of training they had hoped for:

This afternoon Gladys led a training session for five people from Programme B. . . I talked to Aida afterwards and she said that she wished they could say, "Look, we have a kid with this problem. What should we do." (Field notes, 7 October 2004)

Programme A used the session I observed to provide examples of creative group activities. Programme B staff felt that they already had a sufficiently large repertoire of activities, and noted that they had hoped for specific advice on dealing with special needs clients. Although it may have been the result of a miscommunication between programmes, the tension apparent in this workshop may also have resulted from competitive feelings between the two programmes. This inter-programme competition is discussed in greater detail in Section 10.1.

8.2.2 Building inter-ethnic tolerance

Overall, the connection between music and community is the simple fact that music creates community. (Pavlicevic and Ansdell, 2004, p. 28)

In an effort to support ethnic tolerance, all three programmes hire local staff without regard for ethnicity. The programmes also conduct workshops with multiple ethnic groups. Jacob felt that Programme A's efforts in this area were paying off:

People are accepting us for what we are and what we do and not judging us because we are stationed here in East Mostar. . . everybody has a great deal of respect for our work in the community. (Jacob, Programme A)

Programme B is unique in its efforts to conduct workshops and concerts with multiple ethnic groups in attendance at the same time. These attempts are not universally successful. With the backing of the OSCE (Organisation for Security and Co-operation in Europe), Programme B tried to organise workshops within the Two Schools Under One Roof initiative. Originally conceived as a way of encouraging integration, the Two Schools Under One Roof initiative instead produced two separate schools under a single roof, with teachers and administrators barred from access to certain rooms or even buildings at certain times because of their ethnicity (Davidson, 2005). While the administrations of these schools are now unified, classes are not, and much division remains. Programme B was able to complete two workshops with joint, multi-ethnic classes, but was then barred from the school:

We started a couple of workshops there and then we were told that we shouldn't do this work any more because we actually brought the children together in the same classroom. (Martha, Programme B)

Although on the surface it might appear easier and better for Bosnian citizens to negotiate inter-ethnic communication without the help of international regulators, this does not appear to be possible. Programme B believes that any further efforts at reconciliatory work will have to take place through mediation by the OSCE:

It's a very sensitive thing and we cannot go there on our own because you have these risks of getting certain labels, you know, if you are talking directly... Lots of doors can be open or closed. Actually they won't listen to you. They will listen to political leaders and decide how they going to explain what are you saying. So it's a little bit "argh" and we decided to pull back a bit and use the OSCE as a mediator. That actually HAS to make conditions for us to work. But it's going very slowly, I'm sorry to say that, because it's taking ages. Since we had our last workshop then we are still waiting basically for them... It's really hard. (Martha, co-director of Programme B)

Programme B continues to talk about running inter-ethnic workshops in schools and has made this work a central part of their project proposal for the programme's future. Despite this discussion and Programme B's success in bringing teachers from different ethnic groups together for training workshops, staff feel that there is really little hope for these much-hyped inter-ethnic school workshops:

I left questionnaires for Martha to hand out if they ever get into the gymnasium in Mostar. She said, "I do not think it will happen. I am not a pessimist, but I am being a realist." This is the main project that Programme B staff really talk about in interviews and such, so it does really need to work for them to have continued funding. (Field notes, 11 October 2004)

Change takes time, especially after a war as brutal as the one that unfolded in Bosnia and Herzegovina between 1992 and 1996. Funding bodies frequently want to see change and results more quickly than the programmes feel they can be obtained, especially where inter-ethnic reconciliation is concerned:

It gets on your nerves because we have deadlines as well. We only have up to July 2006, maybe later, but we want to do more while we have the money, you know. And that's a pity, you know, that everything develops extremely slowly... There is nothing that Programme B can do, I think, because it's really a sensitive political situation. So it's better to keep on a side until the right moment comes. The problem is, sometimes you get fed up with waiting. (Martha, Programme B)

The pressure these programmes feel from funding bodies is explored in greater detail in Chapter 9.

Programme B does appear to be slowly making progress in their quest for inter-ethnic relations, particularly within the private sector:

If I tell you the story how much fighting Mark and I had just to get West Mostar schools to take part in our teacher trainings you wouldn't believe it, you know, it's really tough to work, you know. We also have a certain label because people very often associate us with the music centre and the music centre is, as you know, in East Mostar. So until a couple of years ago all doors in West Mostar were absolutely closed for us. But I must say now that, for example, kindergartens, there are two private kindergartens in West Mostar, they are really taking interest. They don't care who we are, they are giving us women asking, "Can we participate in your teacher trainings?" I mean that's a really healthy way of thinking, you know. (Martha, Programme B)

Programme B's inter-ethnic teacher training programme appears to be doing very well, with high teacher turnouts and positive feedback on questionnaires. I was unable to distinguish teachers' ethnicities during observation of one of these workshops, and there was no sign of ethnicity-based discrimination by Programme B staff or teachers.

8.2.3 Public recognition

All three programmes receive public recognition for their work within the community, with staff members of all three programmes appearing regularly on local television and radio programmes.

Programme A feels a sense of recognition and respect from the local community for the work that they do:

We have seen a lot of gratitude for our work, we have seen a lot of respect from the families, especially with the clients when there were some results and the family could see it. I think every therapist felt very welcome and also by the members of the team and the community and the other staff in the music therapy centre but also the music centre as well but also from the parents and the carers. (Jacob, Programme A)

Programme B staff spoke of meeting clients on the street, and the positive reaction they would get from these clients:

I'm happy when I see kids in the street and they call me, you know, "Hi, Jonathan! Look! Mama, this is my teacher! He's a nice music teacher." And I was really happy for that, you know. I felt... important. (Jonathan, Programme B)

I know children who, I worked with them for three or four years, two, four years and they know me and they are just, "woah," like this, "musician!" They told their parents, if they are with parents, they say, "This musician is our music teacher!" And it's beautiful... they are looking with a smile to me and they are satisfied. "There is our music teacher, yeah!" (Jeff, Programme B)

These anecdotes as well as the positive media attention given to the programmes reinforce staff statements that their services appear to be both needed and appreciated in the local community. Potential areas for programme improvement are examined in the next section.

8.3 Areas for programme improvement

Overall, clients as well as parents and carers of all three programmes appeared to be pleased with the music sessions provided by the programmes. Programme A did have three clients who refused to continue music therapy while I was conducting fieldwork. Unfortunately, Programme A did not appear to have an explanation for these clients' choice to discontinue therapy, and the former clients were unavailable for questioning. It is possible that the other programmes also lost clients during fieldwork and I was simply not informed; the only reason I learned about Programme A's clients was because these clients were meant to complete a second round of follow-up questionnaires.

Areas for programme improvement based on field notes as well as questionnaire and interview feedback included requests for programme expansion and increased

community education. There was some observation-based evidence that all three programmes might improve their communication with the parents of their clients.

Parents and carers were not asked to note areas for improvement in the questionnaire designed for this research. However, many parents did suggest improvements in the “other comments” section of the questionnaire designed and distributed in 2003 by Programme A, and these comments are incorporated into this section.

8.3.1 Programme expansion

As predicted by programme staff, the most common improvement suggested by clients of Programme A and Programme B was for sessions to be longer or more frequent:

I wish we had music for a longer time. (Client SS17, Programme A)

I would like classes more often. (Client SS15, Programme A)

I would like you to come to our class every day. (Client GD62, Programme B)

I would like you to come every day. (Client P16, Programme B)

Parents of Programme A’s clients also expressed a desire for more sessions:

It would be nice to prolong [extend] your work and to give clients the possibility to use your services for a longer time. This would be our pleasure. (Parent R, Mostar, Programme A questionnaire)

Besides urging staff to hold more sessions, parents expressed a desire to see Programme A’s work extended:

We wish you a lot of success in future work and an expansion to even larger activities. (Society of parents and children with special needs, Mostar, Programme A questionnaire)

More investments in the purpose of this institution to help the wellbeing of all of us young and old. (Parent Q, Programme A questionnaire)

This client and parent desire for extended and more frequent sessions strengthens programme claims that their work is considered to be both valuable and beneficial to their clients and the community.

8.3.2 Community education

The parents of Programme A's clients expressed a desire for greater education within the community about the potential benefits of music therapy:

Music therapy is one kind of therapy which proves itself as very successful for all kinds in our society, but I think that a lot of people are not familiar with that kind of therapy, so maybe it should be more promoted. (Parent L, Programme A questionnaire)

Staff of Programme A noted in interviews that the stigma of therapy was an issue for the parents of some of their clients:

Mostly the effects are positive. Only negative could be... that parents don't want their child marked with the word therapy. And maybe they don't want to mention that to family or to friends; I mean to cousins when I say family. They don't want to mention that it is therapy. Maybe that is the situation when they use words as you said, music class or something like that. (Laura, Programme A)

Once there was a situation where the parents didn't want the client to continue coming for music therapy because...there's that therapy term and people here in this society still think of that as something taboo, you know. And they don't understand that. (Jacob, Programme A)

Further community education might help to reduce this stigma. Clients themselves did not appear to be aware of the stigma surrounding their treatment, possibly because they were not aware of the therapeutic aspects of their music sessions and what the term 'therapy' meant (see Section 7.1). Anna noted that this was a difference from the young music therapy clients she had worked with in her home country, where clients themselves had been fully aware of a social stigma surrounding therapy:

What I experienced here is that everybody wants to have music therapy and the children who have music therapy, they are really happy and the others are more like jealous or something. (Anna, Programme A)

Staff of Programme B did not describe their work to the general community as being therapeutic, and therefore avoided confronting this stigma. When asked, Nathalie (the director of Programme C) said that she only knew of one instance where stigma associated with the use of music as therapy had been an issue, so it does not appear to be a universal problem.

8.3.3 Communication with parents and carers

Based on observations, it appeared that staff of Programme A, particularly international staff, might benefit from more regular contact with parents and carers; this issue was not, however, mentioned in client, parent, or carer feedback. International therapists from Programme A sometimes demonstrated what appeared to me to be a condescending attitude when discussing the parents of their clients; greater respect for parents might improve parent-therapist relations.

During interviews, the two local therapists from Programme A spoke at length about parent and carer perceptions of their work. None of the international therapists from Programme A discussed parents or carers in depth. When international therapists from Programme A did mention parents and carers, it was often within the context of parents' behaviour being damaging to their children. This goes against the description given by play therapist Moustakas (1953) of the ideal role of the therapist in therapist-parent interactions:

The role of the therapist in the interviews with the parents was to convey a belief that they were the best authorities in deciding how they should act in the relations with their child. (p. 104)

If therapists consistently consider a parent's behaviour to be problematic, they exhibit little confidence in the parent's ability to raise their child.

Local therapists seem to have more patience with what they see as poor parenting, and noted that it is a nationwide problem. Local therapists may also be more willing to talk to carers, as they are newly trained music therapists and therefore eager to get any feedback they can. The one newly-trained international therapist (Anna) expressed frustration at the difficulty she had in establishing relationships with the parents and carers of her clients. Anna said that, since she could only speak with parents and carers through a translator, the parents and carers would simply speak with the translator directly rather than trying to speak with Anna through the translator. Thus, it appeared that Anna found genuine communication with parents and carers impossible, despite having good intentions. Anna's increased interest in communicating with parents and carers reinforces the theory that local interest in communicating with parents may be a result of the 'newness' of local therapists rather than some cultural difference.

Where experienced international staff discussed interactions with parents, it was usually in the context of things parents needed to change:

We don't have access to other parts of the system, the family. And sometimes the children are going back to unhealthy, dysfunctional family sys-

tems where the parents don't have any parenting skills. And sadly devalue or do not validate what the child is offering after they've been here. And they just go about, they sort of hand their children to us and go, "Okay, you deal with it," and then they go. They don't care. They go right back to the usual way of dealing with the child, slapping, whatever. And it has happened in front of our eyes which is really very frustrating for us. (Gladys, Programme A)

Gladys' comment implies that she feels that some parents simply have no interest in supporting their child's therapy. Joseph told of a parent who (he felt) simply could not handle the advice he felt obliged to give:

I've had a few clients where I felt that the parents were possibly threatened by the development that was happening with their child...the feedback that I had given them in relation to what was needed by their child and their child's development may have been difficult for them to hear. For example, I had one child whose mother was gone a lot, was living in another country and he had been left with his grandparents and he had a lot of abandonment issues... And I told his mother that and I said that I thought the most important piece of his development was that she be present and that she provide a stable piece for him and that he be able to feel secure in his environment in knowing that she would be around. And they, she had him stop coming not too long after that and that was difficult for me because I had obviously some questions as to how clear I felt I should be about what I thought was happening with her child but I felt that someone needed to say this to her and that she needed to understand how important this was in his development. And I feel that this is something that she took in, but that she also was not able to sort of face me after that. So my hope in that particular situation is that she has internalised that enough to be able to provide some more stability for her child even if he's not able to continue to come to music therapy, because in my opinion it's a more significant piece than him coming to music therapy. (Joseph, Programme A)

In this case, Joseph's advice had more to do with parenting styles than the therapy itself, but Joseph felt that the parenting situation made therapeutic progress with this client difficult. However, this action does go against the idea presented by Moustakas (1953) that therapists should treat parents as the best authorities on how to raise their children.

There was some evidence that international staff did have effective, communicative relationships with parents where parents made a conscious effort to be involved:

I think the families who bring their children, have an investment of some kind to bring them here. And they probably support the whole process

by asking about it, what's going on, and so they get involved a little bit.
(Gladys, Programme A)

Since most clients were picked up and dropped off by Programme A's assistants, the number of parents accompanying their children to therapy sessions would represent only a small minority of all client parents and carers.

It seems that open communication between therapists and parents and carers about therapy progress is essential if parents and carers are to understand what is happening with their child and how to support the progress clients make during therapy:

Therapy in general [changes] the behaviour of the children sometimes. And there can be some difficulties when they get back in their families in their normal environment and there is not that understanding of the change in behaviour and this is sometimes a difficulty. (Anna, Programme A)

Anna's quotation shows that a lack of parental understanding of what is happening in therapy sessions can potentially be damaging to the child. The fact that therapy sessions can lead children to engage in behaviour that is seen as being problematic in the home also implies that therapists may have a different view from parents of childhood and the role that children should play in the home.

Besides being potentially necessary in order to protect children from unnecessary harm in the home, Antje noted that parental understanding of therapy progress could be helpful and welcomed by parents:

It's very good when therapists explain to the parent what improvements their child showed. It's very important for the parents because parents in that way can see and understand their child from some other aspect... I think it's very important that music therapists also hear from the parent what development or what difficulties a child has. (Antje, Programme A)

Although therapists talk about discussing music therapy with their clients' parents, it is not clear how often this actually happens and how much staff feel that parents need to know. Anna felt that she had tried to be more communicative with parents without much effect; her particular circumstances were (Anna felt) exacerbated by language barriers. Antje appeared to have more successful contact with parents:

Sometimes I give them advice, for example, to support some things that their children do at home and I said, "Please keep following that. Keep supporting that. It's good." You know, something like that. I mean we don't have much time to talk to them, but maybe one time in three months, in six months. (Antje, Programme A)

As one of the local music therapists with what appeared to be one of the higher levels of contact with parents, Antje's comment that she meets with parents "maybe one time in three months, in six months" indicates that it is unlikely that any of the music therapists take time to discuss clients' treatments with their parents or carers on a more regular basis. While the level of contact likely varies with parental preferences and availability, it seems that a higher level of contact with parents or carers could improve client progress in therapy. Greater communication between programme staff and parents might also increase parental adherence to advice given by therapists.

It is likely that Programme B and Programme C could also benefit from higher levels of communication with client parents and carers. Literature written for funding bodies by Programme B spoke of providing support to parents through creative and discussion workshops, but this plan had not been put into place by the end of field-work. Although this literature indicated that programme staff were aware of a need for interaction with parents, Programme B had little to no contact with parents and carers during research and did not appear to consider this a priority. Disconnects between the perceived urgency of needs by programmes and the way in which needs are presented to funding bodies are discussed in Section 9.5. There was insufficient access to Programme C to determine their level of interaction with parents and carers.

8.4 Discussion

Perceived positive effects of the programmes on clients appear to centre around improved client communication and self-expression, achieved through the provision of positive interactions during therapeutic music sessions. The programmes believe that they benefit the local community through the provision of training workshops for other local professionals, and by improving the lives of their individual clients. In addition, Programme B is striving to improve local inter-ethnic tolerance through the provision of multi-ethnic sessions.

All three programmes have extended their work beyond therapeutic sessions to work with the greater community as well. The fact that personal recovery is grounded in social recovery (Summerfield, 2000) might justify this programme extension of work into the community. Public recognition adds strength to programme claims that their services are both needed and appreciated by the local community.

Parents appear to be involved in Programme A's work to varying degrees. Where Programme A consciously involves parents, staff appear to focus on giving advice as

to how parents can continue to help their clients progress outside of therapy sessions. There is some evidence that local therapists and assistants have better relationships and communication with parents than international staff. Given available data, it was unclear whether this was simply due to linguistic or cultural barriers or due to a lack of effort on the part of international staff. This difference might also be due to the fact that local staff are more recently trained, and therefore potentially more open to parental feedback. The one recently-trained international therapist noted that linguistic barriers prevented her from communicating with parents as much as she would like. Some international staff appear to be more judgemental of parents than local staff.

Parents and clients requested an expansion of programme services, with sessions held both more frequently and continued for longer periods of time. Parents would also like to see a greater emphasis on community education about the potential benefits of music therapy in order to increase public awareness and reduce local stigmas surrounding therapy treatments. Both of these requests indicate that parents and clients feel that the programmes provide a valuable service.

This chapter has examined perceived and reported programme effects on clients and the community, as well as possible areas for programme improvement. The next chapter examines uncertainties within the programmes and the local community and the effect of these uncertainties on the programmes.

Chapter 9

An Undefined Future: Programme and Local Uncertainties

This chapter examines programme and local uncertainties. These uncertainties were identified through observation and by programme staff in response to being asked what, if anything, limited programme effectiveness. Observation and interviews reveal the uncertainty of programme staff regarding programme sustainability, definition, and purpose. The uncertainty of the environment in which these programmes exist impacts the programmes in a variety of ways. Where programmes are taking active steps to address these uncertainties, this is noted. However, many of these issues appear to be challenges that the programmes acknowledge but have not successfully addressed.

None of the three programmes examined in this study have a guarantee of long-term sustainability. Staff of all three programmes explained that they currently rely on international funding, which has become increasingly scarce with each passing year as the Bosnian conflict recedes further into the collective memory, superseded first by the conflict in Kosovo and more recently by the conflicts in Afghanistan and Iraq. At the same time, conditions within Bosnia and Herzegovina have not stabilised. Although the violence has subsided, the country continues to depend upon international peacekeepers, and elected posts are overseen by the international (and internationally-appointed) High Commissioner. The country's economic outlook appears bleak, with local staff of all three programmes counting themselves fortunate to be employed. In these uncertain times, the programmes themselves have begun to stray from their original aim of providing trauma relief. This shift is partially due to changing local conditions and partially due to pressures from international funding bodies. Each of these issues is explored in depth below.

9.1 Uncertain funding

Concerns about programme sustainability centred around two issues. The first of these issues was a lack of long-term funding. This concern was mutual among the three programmes. The second issue, fear that local leadership was simply not available, was only explicitly expressed by Gladys (director of Programme A), but was visible in observations of Programme B as well. This section examines the effect of uncertain funding on the programmes; uncertainty around local ownership is discussed in the next section.

The programmes discussed in this dissertation are non-governmental organisations (NGOs) funded primarily by foreign donors. It is common in post-war regions such as Bosnia and Herzegovina for local NGOs to be entirely or almost entirely dependent upon foreign aid (Sullivan, 1996). Although funding bodies and NGOs frequently speak of creating a self-sustaining project, this is rarely the result. Agencies often take on a series of short projects, moving from crisis spot to crisis spot rather than selecting one project and staying with it until it is firmly established (Sogge, 1996). This is what Tisch and Wallace (1994) call the Western aid model:

The Western model has a short time horizon — development assistance is designed to “prime the pump,” initiating growth that is ultimately intended to be self-sustaining. (p. 121)

When projects fail to be self-sustaining, they are eventually abandoned by their foreign donors in favour of a new project in an area that has been subjected to a more recent crisis with greater press coverage. The programmes in this study have reached the point where, in order to maintain funding, they must prove to their international donors that they are vital, sustainable projects.

When asked in interviews what barriers, if any, kept their programme from being as successful as possible, staff of all three programmes (but especially those of Programme A and Programme B) identified funding issues as their primary barrier to success:

Money. That’s probably the first [barrier] I would say. (Joseph, Programme A)

Staff noted that concerns about funding prevented programmes from conducting their work as efficiently as they would like:

The biggest problem is financial problems. The fund, because everything is unstable and uncertain. If we have constant financial things we could plan many activities. Many institutions are interested in music therapy and we already have many invitations and we should work on that as much as we can. But the only problem is that financial problem. (Laura, Programme A)

Laura notes that, besides contributing to staff anxiety, the lack of secure funding prevents Programme A from embarking on projects that would be welcomed by the local community.

Local NGOs may expend large amounts of energy on grant and funding applications rather than working in the field (Luong and Weinthal, 1999); after all, “the first priority of an NGO, like any bureaucracy, is its own survival” (Maren, 1997, p. 278). This was an issue faced by Programme A:

We don’t have enough funds at this moment to make sure that we’re going to stay here for another year or so, so in the same time we have to continue having our client load and doing the clinical work which is our purpose here but then there is an extra stress that we need to work on the fund raising and trying to get to the donors, potential donors, and trying to raise some money so we can continue our work. (Jacob, Programme A)

Programme A’s financial problems became so severe at one point during fieldwork that they considered closing the programme down completely:

It is looking like they might have to completely shut down the music therapy programme in Mostar at the end of September. Joseph actually seems to be planning for that to happen. (Field notes, 27 July 2004)

While Programme A was eventually able to find the necessary funds to remain open, funding has only been secured for a twelve-month period, at which point the process of searching for funds will begin anew. Programme A received this funding because someone was able to convince the donor (a private individual, not the group that was funding Programme B) to send the money to Programme A rather than to a similar programme in Kosovo.

Programme B staff also reported spending a fair amount of time on funding-related activities, but appeared to be somewhat less concerned about this than Programme A as they were in a more secure situation financially, with a guaranteed source of funding until July 2006. Programme B does not, however, have any concrete plan for how they will continue after July 2006, and a number of staff members spoke as if they simply expected the programme to disband in 2006, as Bosnia and Herzegovina is no longer

a priority for foreign funding bodies and local funds are not likely to be available for many years to come:

Less and less Bosnia was recognised as a country that the international community has to help because there [are other] critical and war areas in the world that they really desperately needed to help, so most NGOs withdrew themselves from Bosnia or just kept main offices in Sarajevo just to complete the mission and then to move on from Bosnia. And of course that means that it became more difficult for us to contact the international community in order to find the funds for our activities... luckily this year they adopted us on the city budget with the unified city. They decided to adopt us on the city budget and this gave us a much better situation in applying to international donors. (Martha, Programme B)

Although it added strength to Programme B's application for further funding from international donors, Programme B is fully aware that the city budget is not sufficient in quantity or commitment to keep their programme up and running in the long term. Programme B noted in their project proposal (written for their current funding body) that it is unrealistic to expect a creative project such as Programme B to obtain local funding since "at the moment the Herzegovina-Neretva Canton cannot afford to pay its [mainstream] teachers."

All three programmes currently rely on international funds to cover the main costs of their programmes. Although each programme has secured a few local funding sources, these local funds only supplement the funding provided by international organisations and are nowhere near the levels required to run a programme:

I'm not so sure that we can continue in this shape and form because money of that kind is not available in Bosnia and Herzegovina. If we don't manage to get international sponsors we definitely won't be able to stay in this shape and form. (Martha, co-director of Programme B)

Martha felt that adequate funding was simply unavailable through local sources, and that Programme B therefore had to find a new international sponsor or the programme would cease to exist. Since Martha knew that there were few international donors still interested in post-war projects in Bosnia and Herzegovina, she felt that Programme B's future was very bleak. If Programme B is forced to disband in 2006, Programme B staff hope to sustain the effect of some of the work they have done in schools by leaving manuals with ideas for creative activities with school teachers so that creative workshops can continue in their absence.

Only Programme C appeared confident that they would be able to obtain local funding eventually (through public education funds), and that their international donor would cover their needs until that time:

[The section of Programme C working with orphanage children are] almost financing themselves at the moment, because they are state funded and the state funding covers any therapy service for the children. So that's going to be okay. It will really be self financing. I'm not so concerned about that. And I'm not so concerned about the West side unit. I think it will be okay. I think it will work. (Nathalie, Programme C)

After fieldwork was completed, Nathalie (director of Programme C) sent me an email indicating that Programme C was in talks with Programme B to pursue joint funding.

9.2 Uncertain ownership

Ownership is central to the way in which NGOs are established and run, and ownership is determined in a variety of ways. Tisch and Wallace (1994) explain:

Before development activities can be carried out, someone must decide who will implement the activities, and choices must usually be made between expatriate and national individuals. Assessing technical competence is often complicated by diverging donor and recipient views of development goals. Also, donors often wish to control development activities, even though recipients can implement these activities themselves. Selecting expatriate and national men and women to implement development activities is more than a question of administrative efficiency—it involves control and ownership of the development process and its products. These complicating political factors transform administrative problems into practical implementation dilemmas. (p. 11)

Despite the fact that hiring local staff increases local project ownership, possibly improving long-term programme sustainability, NGOs frequently opt for expatriate management for practical reasons. Tisch and Wallace (1994) explain:

The Western model [of development assistance] is characterized by funding from donors extended on a project basis and managed by expatriate professionals. Projects are designed, implemented, and evaluated primarily by donors, with some input from recipient governments. Expatriates, rather than local professionals, are usually hired for project implementation and administration because there are too few qualified local experts, it is believed that outsiders can encourage change more effectively than nationals, and it is easier for donors to control project funds. (p. 121)

Two of the three programmes examined in this study, Programme A and Programme C, were led by expatriate professionals. Programme B acquired local leadership approximately two months prior to the start of fieldwork; until this time it was also run by expatriates. The programmes felt uncertain about their ability to obtain and maintain the local ownership required for long-term programme survival. While Programme B is the only programme with a non-international director, programme decisions appear to be controlled by Programme B's international funding body rather than local employees, and so there is only partial local ownership:

[Our funding body] said, "We will be your donor just if you want to be separate [from the music centre], this is really good." So we make this separation thing and now we are independent. (Mark, co-director of Programme B)

[Our funding body] wanted us to change our strategy a bit. So we did. (Martha, co-director of Programme B)

Programme B always discussed programme changes in the context of their funding body requesting or advising a change. There was no evidence of changes being made based on input from programme staff. Programme B appeared to be led by their international funding body, rather than by programme staff.

Programme A also faces issues with local leadership. During an interview, Gladys (the director of Programme A) noted that, assuming local funding was somehow obtained, one of the primary barriers Programme A would need to overcome was concern about ensuring that one of the current local staff members could take over as head of the programme once the programme became fully localised.

If we can't keep [the local music therapists] inspired in the vision of eventually running this, and believe that that can happen, then it's also a barrier. (Gladys, director of Programme A)

Gladys' concern about the local staff's ability to take over does appear to be a legitimate barrier to localisation for Programme A; local staff themselves expressed indecision about their long-term commitment to their work. Local staff were careful to explain, however, that this was not due to a lack of belief in the importance of their work. Rather, it was because of the instability of music therapy as a career in Bosnia and Herzegovina. Both of the local music therapists withheld full commitment to their work with Programme A because they feared that they were entering a career that might not remain viable as a form of financial support in the long term, and this was not

a risk either intern felt that she could afford to take within Bosnia and Herzegovina's poor economic environment.

Both local music therapists felt the pressure of being among the first employees in an unrecognised profession, but Laura was more optimistic, viewing it as an opportunity to be a pioneer:

It's difficult to be a pioneer in a profession. . . I think we have a very big task. We have to inform as many people as possible about music therapy, about our work as music therapists. And it will take a long time. I know that and I know it's not easy. It's a very difficult process. But we have faith and we will keep on. (Laura, Programme B)

Laura's greater optimism may stem from the fact that she runs a music therapy clinic of her own at a school in Sarajevo where she also teaches mainstream music classes. This one-woman clinic is funded locally and does not face the financial barriers or local-international tensions of Programme A (see Section 10.3).

If Antje or Laura choose to take over leadership of Programme A, it will still take many years before Programme A is not dependent on internationals for supervision. Gladys saw extensive international involvement for the coming years:

I see international presence here for another 2–3 years if funding supports it. But even if it doesn't, I still see international presence, sort of a plan B, sort of a coming and going consultant coming and going too, because the students, the interns are not ready to take this on yet. . . I'd like to see two music therapists from the international community here, a senior and a junior for another couple of years. . . eventually fading out the junior music therapist and then fading out the senior music therapist. (Gladys, Programme A)

Nathalie, director of Programme C, appeared to be considerably more hopeful about the potential of a local staff member of Programme C taking over than Gladys was in Programme A:

We hope to eventually hand it all over to the locals. So everything we're doing, we're trying to do to make it sustainable for the local people to take over. So we're looking at everything from funding to resourcing. . . I'm really optimistic that will happen. I'll make myself unemployed in the process, but I'm really excited, I'm looking forward to that happening. . . the time has come, I think, for the local people to take over. (Nathalie, director of Programme C)

It is unclear whether this difference in attitude between the directors of Programme A and Programme C is due to a genuine difference in staff potential or something

else. It is possible that my greater exposure to Gladys provided more opportunities for hearing about Gladys' fears as well as hopes. The difference may also have been due to different attitudes of funding bodies. It is also possible that Nathalie's apparent confidence was mere rhetoric. As with Programme A, even if Programme C's current interns take over the programme they will need international supervisors as there are currently no trained local music therapists in Bosnia and Herzegovina with sufficient work experience to provide the professional supervision that is built into Western music therapy.

As discussed in Section 5.4 and Section 10.3.5, the political situation in Bosnia and Herzegovina is one in which democracy exists only to the extent that the international community enforces it (Chandler, 1999). The replication of this phenomenon of international power within local NGO programmes such as those investigated in this study could lead to lower levels of community ownership. If greater local ownership can be given within the programmes, it might be highly beneficial to the local community:

The dynamic of the Dayton process has been to institutionalise fears and securities through disempowering Bosnian people and their representatives. . . By allowing more independent decision-making power for Bosnian institutions at both state and entity level, there would be less dependency on the international community and less concern over international withdrawal. (Chandler, 1999, p. 196)

While this statement is directed towards those internationals directing governmental decisions, following the advice given by Chandler might also improve the situation of foreign-funded NGOs such as those examined in this study.

Thus far, none of the programmes examined in this study are fully localised. Programme A is forthcoming about its continued dependency on internationals for the near future. Programme B has come the closest to achieving localisation, but continues to rely upon international support in times of crisis as well as for funding. Decisions about Programme B appear to be made according to the desires of their international funding body rather than the suggestions of local staff. Programme C hopes to localise very soon, but this is dependent upon a number of factors ranging from the acquisition of funding through the local Ministry of Education to the national recognition of music therapy as a profession and the decision of current interns to remain with the programme as future directors and staff members.

9.3 Uncertain futures

Although it has been nearly a decade since the 1992–96 war ended, Bosnia and Herzegovina remains a war-battered country. The Dayton Peace Accord was effective in ending the war, but failed to mend (and, as discussed in Section 5.4, may have even reinforced) the ethnic fractures of the war. Reminders of the war are physically evident throughout the country. Many buildings remain in the uninhabitable state they were left in at the conclusion of the 1992–96 war. Where repairs have been made, they have seldom been complete. Mine fields remain one of the more painful reminders of the war, as they continue to cause death and injury to innocent inhabitants.

Staff of all three programmes noted the depressing atmosphere of the local environment. The lack of hope expressed in interviews and casual conversation with programme staff appears to be partly due to the continuing poor economy and partly due to the after-effects of the war and the uncertainty that remains regarding the country's future:

One theme that is present in all of the conversations that I have with everyone—foreigners and Bosnians—is how this is a very stressful environment (the post-war environment) to be living in, let alone working in. (Field notes, 25 September 2004)

People are losing their jobs instead of getting jobs. And political situation is getting worse...there are no jobs and things like that. And that's the main problem. If you don't have money to buy food, how can you get better? (Amy, Programme A)

We live in Bosnia. You cannot say that the people who you meet on the street blossom from life and life energy and perspective and everything. This environment puts you in a situation where you need to find your way to survive somehow. I mean not survive only financially; it's in many ways survive. Difficult times. (Antje, Programme A)

It will never be like it was before, you know, life between Croats and Muslim. Never again definitely. Maybe in fifty years. Who knows. Maybe some new generation will, you know, start to think. (Jonathan, Programme B)

While Jonathan speaks of some new generation in the distant future possibly overcoming Bosnia and Herzegovina's troubled past, the current young people feel hopeless:

They [the general Bosnian population] all vote for national parties. Always... They are... stupid. They don't care. You say, give them two cows and just "vote for me" and they will vote for him, you know. Or one cow. That is how it is. So the future in Bosnia, I don't know. (Jonathan, Programme B)

It appears that the prevailing feeling among local people is that the future of Bosnia and Herzegovina is not only uncertain, but also devoid of hope. No one I spoke with believed that Yugoslavia would be resurrected, and without Yugoslavia, Bosnia's ethnic diversity remains in a tenuous state.

Post-Dayton Bosnia and Herzegovina is run by three presidents, one from each of the three main ethnic groups (Serb, Croat, and Muslim). This triple presidency exacerbates the bureaucracy inherent in any government. To further complicate matters, Bosnia and Herzegovina has only operated as an independent country since 1991 (with the years 1992–96 spent in civil war), and laws continue to fluctuate as the country seeks for greater cooperation between its various ethnic groups. The future of the country is anything but certain. The combination of these factors can make even mundane tasks very difficult:

There are the barriers of bureaucracy that exist inside Bosnia and Herzegovina. It's difficult to accomplish many different things, not just on a level of achieving governmental recognition for music therapy as a profession, but also down to simple things like registering the car or all these little pieces that can go with it. Those can be barriers in making things flow and be as successful as possible. (Joseph, Programme A)

Programme B's project proposal emphasised the ways in which an unstable political environment impacted programme achievement levels:

The problem in Bosnia and Herzegovina is that political situation changes every day. Due to this we have change of parties, as well as Ministers of Education and Culture of Cantons and the country. Every Minister brings new rules and asks for new things, therefore Programme B projects have to change according to this. This puts extra pressure on our team and schools as well. (Programme B 2004–06 project proposal written for their funding body)

This constant political change, with its resulting ever-changing regulations, appears to add yet another reason for programmes to avoid planning ahead. Programmes appear to be reluctant to make future plans, since any plans could easily be negated by a future government official and government officials seem to have a quick turnaround in local politics.

In addition to political uncertainty, the economic environment of Bosnia and Herzegovina continues to be very poor (see Section 5.3.2), with staff of both Programme A and Programme B noting their good fortune to simply be employed when many of their peers are unable to find any form of gainful employment:

In Mostar I have like twenty friends who don't have a job. They are from 25 to 45 years old. And they are just searching for anything. Working in café bars for 10 marks [roughly 5 euros] per day. (Jonathan, Programme B)

Even as they count their good fortune to be employed, staff members know that their own futures depend on the very uncertain hope of continued funding for their programme.

The poor economy of Bosnia and Herzegovina also means that there are very limited local social care resources for programmes and clients. In a survey conducted by Programme A in 2003, only two out of seventy-three respondents (consisting of both locals and internationals) said that they felt that the mental health care system and social system of Bosnia and Herzegovina was covering the needs of the community. While these respondents felt that Programme A helped to close this gap, even Programme A's services may disappear if further funding is not obtained.

9.3.1 **Coping with stress**

International staff of Programme A combatted the stresses of dealing with the uncertainties of a post-war environment with a combination of annual home leave and external supervision; staff felt that external supervision was particularly helpful:

It's important to have an external voice. I have that. I have a supervisor who's based in London and it's been *critical* to my development and to my sanity in this place to have someone with whom I can process all of the issues that are coming up. (Joseph, Programme A)

Local staff did not have external supervisors, but rather relied on one another for support. The exception to this was the local therapists for Programme A, who were assigned Western European supervisors, albeit with limited success. I did not have time to properly investigate why success in this area was limited, but it could be due to the impossibility of a foreigner understanding what it is like for a local person to work as a therapist:

It's very painful when you see that these problems are still there... It's important to help as much as we can and to stop there where our point is to stop. (Laura, Programme A)

While international staff also observe these local problems, their reaction may not be as acute since it is not their country and they did not personally witness the 1992–96 war.

The other local music therapist from Programme A stressed the difficulty of working with traumatised clients when local staff were so acutely aware of what had happened in the country during the war. Local staff appeared to feel that international staff were to some extent sheltered by their lack of personal awareness of what had happened during the war.

It was most common for programmes to highlight the stressful effect of therapeutic work in a post-war environment on international staff, but the impact on local staff should not be ignored. Deverell and Sharma (2000) note that workers with personal experience in what they are providing help for may become overwhelmed by work and associated issues, and that while personal experience allows for a close and empathic relationship with clients it can also lead to personal and professional lives becoming inextricably linked.

9.4 Altruism and pragmatism

While staff members see their work as altruistic, it is important to consider other motivations as well. Some local staff members of Programme A and Programme B appeared to work for these programmes because it was the only job they could find, rather than because it was a career they loved:

We are happy here see because we have a job. We are happy just to have a job. (Jeff, Programme B)

The only reason why I started many years ago was because I couldn't find any other job. (Katie, Programme B)

The selection of careers by locals based on job availability rather than personal preferences appeared to be a city-wide phenomenon:

F. [international student on a field visit] is doing a project on how the environment brings people together; unfortunately the head of the organisation that does environment in Mostar is only doing it for a job and not because he actually cares that much about the environment. I suspect that might be the situation with a number of people from Programme B as well. (Field notes, October 7, 2004)

While my field note and the two quotes cited above single out Programme B, the same was also true to some extent with at least the assistants of Programme A. Jacob in particular was quite open about the fact that, while he found music therapy to be a

noble cause, he was only planning to stay on the job until he could find something that would pay better. Jacob explained that he did care about Programme A's work, and so would ask his future company to help fund Programme A.

While many staff members appeared to have obtained their jobs because it was the only available option, they also spoke of reasons they enjoyed their jobs:

The best thing is to work with children. (Katie, Programme B)

I like to work with kids. I like music. That's all my life, you know.
(Jonathan, Programme B)

You can learn a lot from working with these children. You learn a lot about trauma, war trauma, and also about children because you're always learning with that. (Laura, Programme A)

More than any other staff member in any programme, Jonathan (Programme B) appeared to enjoy his job because he enjoyed his work. Laura (Programme A) appeared to greatly enjoy running traditional Western music therapy sessions as well as regular music classes in a music school in Sarajevo, but appeared to experience much less enjoyment of her work for Programme A, possibly due to her lower level of ownership of Programme A's work.

Although their motives for working for the programmes might not always be the most altruistic, staff members prided themselves on providing a service they deemed helpful and necessary for their clients, and worried about what would happen to clients when funding disappeared:

When we were in these [financial] problems... I couldn't think about me, I'm losing a job, I was thinking, "All these children will lose this and it means so much to them." (Amy, Programme A)

This comment from Amy reflects the comment made by MacIver (1966) that "while the profession is of necessity a means of livelihood or of financial reward, the devoted service which it inspires is motivated by other considerations" (p. 51).

9.5 Shifting programme definitions

I think that we're in a transitional place right now, determining what our aim is, what our aim has been and reevaluating what our aim here now is.
(Gladys, Programme A)

To add to the uncertainty these programmes face, programme aims and definitions are shifting to accommodate the changing needs of the local community and requirements of funding bodies. Programme A and Programme B were both created based on the premise that music can be therapeutic for child survivors of a traumatic event such as civil war (see Section 2.3). As the years have passed, both programmes have continued to work with child populations. This means that younger clients of both programmes were born after the war, and therefore cannot be diagnosed with primary trauma. Programmes find themselves adjusting accordingly:

Originally when [Programme B] was planned and started was, okay, war stopped. Traumatized children. Let's do something to help them go through their traumas. But now the children we work with were not even born in the war. And these programmes that we do now is actually more educational than anything else. (Martha, Programme B)

Although Martha notes that Programme B's work has become very educational, staff of both Programme A and Programme B are quick to point out that, as stated earlier in this chapter, Bosnia and Herzegovina remains a highly unstable environment with resulting negative impacts on its inhabitants. Programme staff believe that their younger clients are suffering secondary trauma through the environment and adults who lived through the war, and so still require therapy:

Children are now often too young to remember the war, but war is still very much an everyday part of people's lives. Children are affected because most of the community is traumatized by war. (Programme B's 2004–06 project proposal)

Programmes are thus working with children because they are living in traumatized post-war 'communities' and this trauma gets passed on to them:

Ground breaking research on second generation trauma carried out at the [music therapy] centre has demonstrated that children born in post-war environment raised by parents or caregivers who have been traumatized by conflict can demonstrate similar responses and behavioural problems to those diagnosed in people directly affected by war. (Draft of a concept paper for Programme A)

Programme B notes that this secondary trauma was a motivating factor for their provision of workshops for teachers in addition to classroom workshops with children:

Thinking of the project itself we came to the conclusion that the best way of actually influencing children is through teachers. (Martha, Programme B)

Mark explained to me that Programme B started working with teachers because everyone was helping the children (including Programme B) and, in so doing, nobody thought about the adults. At this point staff of Programme B felt that children were experiencing secondary trauma through the adults, and so Programme B decided that someone needed to help the adults as well. In another effort to continue to provide meaningful services to the local community, Programme A and Programme B have also begun providing sessions to special needs adults whom they can label as primary trauma victims, while continuing to provide sessions for children, now labelled as secondary trauma victims. Individuals with special needs are also important clients for programmes since staff can use the disabilities of this client group to justify the continuation of service provision long after cases of war trauma have subsided.

Programme C did not exist prior to 2001, and thus they designed their programme knowing that their younger clients would be secondary rather than primary trauma victims. Despite this difference in initial target client groups, Programme C does not appear to approach their work in a manner that is noticeably different from Programme A or Programme B. Nathalie noted that, even within the few years that Programme C has been working in Bosnia and Herzegovina, client needs have changed:

When I first came, 2001 when I first came, there was still a lot of [PTSD and trauma-related disorders]. Now that's still here but it's a much smaller percentage. And our clients that we work with, we tend to see a lot more developmental disabilities and disorders, and cerebral palsy, and autism, and Down's syndrome, and you know the normal types of disabilities. But often they're more complicated just from living in a dysfunctional environment. Often that is coming through in emotional behavioural issues. . . the children in the orphanages, I see a lot of secondary trauma disorders coming through, that's quite predominant. But the focus has changed; it's not that acute phase of trauma or stress, it's very different to early work. (Nathalie, Programme C)

Nathalie's quotation shows that, despite starting at a much later date, Programme C has made essentially the same changes as Programme A and Programme B, moving increasingly from a focus on trauma to a focus on special needs. As with Programme A and Programme B, Programme C qualifies this switch by noting that these clients' symptoms are complicated by secondary trauma and that Programme C is thus continuing to provide a therapeutic service for victims of trauma.

Besides adjusting to meet the changing needs of their client population, all three programmes have also extended their clientele beyond the individual to the community at large. Community outreach is not solely based on the programmes' therapeutic

work. Programme C takes a holistic care approach, employing a social worker as well as therapists to help bridge the gap in care faced by most local families, particularly those families that have children with special needs. Programme B is taking active steps towards increasing local tolerance by holding multiethnic teacher workshops and trying (with limited success) to hold similar multiethnic workshops with children (see Section 8.2). Programme A and Programme C provide training workshops to increase the knowledge base of local professionals regarding the level of rehabilitation that can be accomplished with disabled individuals, focusing on the ways in which music can assist with this rehabilitation:

[The main purpose of our music therapy work] would be to assist with rehabilitation of the children. I think to even, without directly working with the children, even just to introduce the concept of rehabilitation, that there is something you can do with the children. (Nathalie, director of Programme C)

This community-wide work is a new development for all three programmes, a change the programmes say that they have made in response to changes in local needs as the 1992–96 war has begun to fade into the past.

All three programmes are moving away from their prior focus on trauma, although they note that trauma and the general impact of the war remain an integral part of the local community and so their work continues to have an element of trauma therapy. Besides being made to meet evolving local needs, these programme changes also appear to be at least partially prompted by programme awareness that they could easily lose funding at any point in time. Both Programme A and Programme B have broadened their programmes' reach, perhaps in an effort to appeal to a wider array of funding groups or simply to make it appear as if their programme is accomplishing more (see Section 10.1). Programme C has emphasised their programme's ability to provide a holistic service from the beginning. Programme change is probably both necessary and inevitable as the war increasingly moves from being a highly traumatic recent occurrence to a mere memory.

9.6 Discussion

The programmes in this study are plagued by uncertainties that make it difficult for programme staff to feel confident about programme futures. This leads to problems with staff retention and morale. Programmes are also obliged to spend a lot of time

dealing with these uncertainties in order to ensure programme survival; staff feel that the amount of time required for this activity often limits their ability to fulfill their central aim of providing services to the community.

Funding is at the centre of much of the uncertainty faced by these programmes. While finding funding has been a particular challenge for Programme A followed by Programme B, funding pressures also appear to provide a valuable incentive for programmes to perform at their highest possible level. Jacob commented during my final fieldwork visit that Programme A had accomplished more during the previous year than ever before — despite having spent a large portion of the year seeking funding. Jacob primarily attributed this to the programme's foundation having been built and solidified and organisation nationwide being at a level where it was easier for the programme to function. While this was likely true, it was also clear from observations that the need to truly compete for funding also pushed Programme A to achieve at a higher level than they had previously. Programme B, likewise, was visibly forced to evaluate what they were doing and to work harder at improving services as a result of the increased pressure to perform in order to obtain funding.

The greatest casualty of insecure funding appears to be the programmes' ability to build local ownership of projects. The local staff of both Programme A and Programme B feel that they cannot focus on the work they are doing for the programmes because they know that funding could disappear with short notice, and that when it does staff will be left with the miserable job market faced by the rest of the community. This lack of secure funding means that staff are always looking for alternative, more secure jobs. While I was conducting fieldwork, Jacob nearly left Programme A for another job, and only stayed on because his other job option fell through. At least two members of Programme B were in school part time to update their teaching credentials, and Amy from Programme A was training part time to teach kindergarten. Laura and Antje, the two local music therapists employed by Programme A, teach part time at local music schools, refusing to commit to a full time job with Programme A due to funding and professional insecurities. Whereas working in a high-profile country like Bosnia and Herzegovina might improve the curriculum vitae of international employees, local employees live with the constant reality that, unless the local economy improves, they will lose their jobs whenever the programme they are working for loses its international funding. Whereas internationals will likely be able to find similar work back home or in another country, locals do not have this luxury:

I am just really, honestly speaking, very worried about people who have

no completed university education or didn't use this time to build their own professional side, and it is going to be very tough for them [when Programme B loses international funding] because the unemployment rate in Bosnia is extremely high and it's gonna be really hard, I think, to get any, any job. (Martha, Programme B)

The uncertainty detailed in this chapter continues to provide challenges for programmes as they seek to create a viable future. These challenges originate both within and outwith the programmes, and are due to the local context as well as the nature of the programmes. Some challenges, such as issues with programme ownership, are likely common to many small non-profits funded by international organisations. Other challenges, such as programme sustainability and shifting programme definitions, might be more due to the still-young nature of the music therapy profession and the even greater youth of therapeutic community music (which is, indeed, so young that its practitioners have not yet even attempted to achieve professional status). Challenges such as the uncertainties inherent to working in an unstable environment are likely to be found in any post-conflict region where international intervention has occurred.

The futures of all three programmes remain uncertain. Although each programme is working towards localisation, training and funding issues could lead to programme collapse before this goal is attained. Funding problems lead programmes to compete against one another and to extend work into the specialties of other programmes in an attempt to appeal to funding bodies as a one-stop solution. A lack of inter-programme cooperation ensues, along with staff negativity as professional futures remain uncertain. This issue is discussed in depth in the next chapter, alongside internal programme tensions and tense local-international relations.

Chapter 10

Programme and Community Tensions

This chapter examines tensions observed during fieldwork and their perceived effects. Multiple layers of tension became evident during fieldwork on programme, local, and national levels. Programme directors noted extensive inter-programme competitive tension. Individual tensions were evident within programmes. As discussed in Section 5.3.3, national, ethnicity-based tensions left over from the 1992–96 war remain evident in everyday life.

Competition between programmes was evident in observations and casual conversation with programme staff, although some staff downplayed the level of inter-programme competition when questioned directly about this issue during interviews. Programme A and Programme B appeared to also be struggling with levels of internal conflict within their programmes; there was insufficient access to Programme C staff to determine whether this was an issue for this programme as well.

Tensions between locals and internationals involved with the programmes were most evident for Programme B, who (temporarily) cut off contact with all non-funding-related internationals at one point during fieldwork. Local-international tensions are evident at both micro (programme) and macro (national) levels, as the country continues to have their elected officials supervised and occasionally disciplined by the international, internationally-appointed High Representative and foreign peacekeeping troops patrol the country.

10.1 Inter-programme competition

In her diploma dissertation, Heidenreich (2004) notes that “there is hardly any co-operation between projects and organisations using music therapy in areas of post-

conflict.” Competition was a theme that emerged in all three programmes. Interviews, observations, and casual conversations revealed three sources of inter-programme competition: funding, perceived territorial infringements, and the continuation of old conflicts. Each of these sources of competition and the resulting tensions will be explored in turn.

Discussion of competition between programmes was limited to the directors of each of the three programmes. Regular programme staff appeared to avoid discussion of and, as far as I could tell, involvement with inter-programme competition. When asked, non-directorial staff of both Programme A and Programme B had two answers: they did not want to talk about it and it had nothing to do with themselves. I observed casual out-of-hours interactions between some non-directorial staff members of Programme A and Programme B; this may be linked to their desire to distance themselves from the competitive aspects of their professional relationship. I had no access to staff members of Programme C apart from the programme director and her husband, and I was therefore unable to determine the stance of non-directorial staff members of Programme C on inter-programme competition.

10.1.1 Funding-related competition

Listed by staff in interviews as the primary barrier to programme success, funding appeared to be at the centre of inter-programme competition. Despite the fact that all three programmes had waiting lists of clients, programmes frequently overlapped services, working with the same groups of clients within the same institutions. Directors of all three programmes pointed out that this was true not only of the programmes’ work within Mostar, but also in programme outreach cities, even though several of these cities were more than a two-hour drive outside of Mostar.

Most programme overlap occurred at institutions. Based on observations and informal conversations, programmes appeared to feel that connections with these institutions strengthened their funding applications. I found only one instance of individual client overlap, between Programme A and Programme C.¹ In this instance, Programme C requested that Programme A formally discharge the client so that they could be the sole programme working with the client. Programme A did so, but not without resentment.

Funding appeared to be the fundamental source of tension between Programme A

¹Programme B had no individual clients and always worked with groups selected by the school or institution where workshops were conducted.

and Programme B, particularly since both programmes were originally funded by the same organisation. Programme B maintained their funding by leaving the music centre while Programme A was left to fend for themselves. Gareth (an international academic with connections to both Programme A and Programme B) and staff of Programme B viewed this as a betrayal by the funding body, particularly as they felt that Programme A's work was used more than Programme B's work in the fundraising efforts of this funding body:

Jacob says that their old funder used Programme A to raise money for their organisation and to gain international credibility and then cut off Programme A. This group continues to fund Programme B, and in Jacob's mind at least the money Programme B is receiving really should have gone to Programme A. (Field notes, 5 October 2004)

Stiles (2002) notes that foreign donors have a reputation of arbitrarily suspending payments to local organisations. This particular loss of funding may have contributed to my observation that Gladys (director of Programme A) seemed particularly sensitive to any perceived infringement by Programme B on what Gladys viewed as Programme A's territory since Programme B already had funding money that 'should' have been given to or at least shared with Programme A. This territorial competition is explored in the next section.

10.1.2 Territorial competition

Out of all of my research participants, Gladys (director of Programme A) particularly expressed discontent when other programmes entered what she viewed as Programme A's territory, although as director of Programme A and someone I spoke with a great deal, Gladys' discontent may have simply been more apparent.² It appeared that Gladys viewed all individual client sessions, work with special needs populations, and any provision of professional training sessions to be Programme A's territory. Gladys resented Programme C's presence in Mostar because Programme C introduced a second source of Western-style music therapy, intruding on Programme A's niche as the only therapeutic music programme in Mostar with formally trained and certified staff.

Programme B's expansion from mainstream classes into smaller groups of special needs clients was also viewed as an intrusion:

²It is unclear to what extent these feelings were echoed by other staff members of Programme A. As mentioned in the introduction of this section, regular staff members were reluctant to discuss inter-programme competition, preferring to leave such matters in the hands of the programme director (in this case, Gladys).

Finding Programme B annoyingly competitive in that they are now working in institutions we have been in for a long time [and they] are getting [funding body] recognition for these areas (for them) and also funding. (Gladys, Programme A)

Gladys appeared to feel that this territorial infringement lessened the advantages Programme A had in their bids for international funding, since Programme B could now claim to serve the same groups traditionally served by Programme A in addition to Programme B's own traditional mainstream school-age clientele.

Gladys was also upset when Programme B began to work with special needs populations, particularly since Programme B staff had no specialised training for work with this population. Gladys's unease with this is not surprising since one way of sustaining professional status is maintaining the division between the professional and the lay person or amateur (Fournier, 2000). Programme B could be seen as threatening Programme A's potential for professional status by allowing their largely amateur staff to work with special needs populations. The use of boundaries in establishing professional identities is discussed further in Chapter 11.

Although Programme A was not planning to provide teacher training workshops and had not done so in the past, Gladys indicated during casual conversations that she also felt that Programme B was unqualified to provide training to teachers, again due to the lack of formal training of Programme B's staff. Gladys may not have been aware of the fact that Programme B's staff did include formally trained educators, arguably qualifying Programme B to lead training sessions for teachers. Programme B's employment of staff with education training might also help Programme B obtain professional status as a therapeutic music programme since music therapist Bunt (1994) notes that different professionals practice music therapy in different countries, with educators sometimes serving as music therapists.

Besides noting the inadequate training of Programme B staff for work with disabled populations, Gladys felt that the double provision of services by Programme A and Programme B to disabled clients might confuse clients, and was therefore ethically inappropriate:

Our clients are now getting music sessions from [Programme B] as well as us. In [music therapy], we ethically would not trespass into other areas to avoid confusing clients. (Gladys, Programme A)

From Gladys' point of view, Programme B was triply culpable: firstly for providing services for which their staff had no specialised training, secondly for infringing on territory traditionally occupied by Programme A, and thirdly for confusing Programme

A's clients through the provision of a second round of sessions very similar to those of Programme A. It is important to note, however, that by moving increasingly from one-to-one to group sessions, Programme A might be seen to be infringing on territory traditionally belonging to Programme B. There was no evidence that Programme B felt threatened by this potential infringement on 'their' territory. This may be because Programme B appeared to have very solid relationships with the schools they provided workshops for. Programme B also had more than enough of these mainstream clients already. Programme B was potentially competing with Programme A for group clients among their special needs populations, but these populations were traditionally served by Programme A rather than Programme B. Territorial ownership thus appears to have more to do with who traditionally serves a given client group rather than the specifics of the services rendered. Gladys's fear that clients would not be able to distinguish between Programme A and Programme B's services implies that the services provided by the two programmes might not be that different from one another. Based on observations, group sessions run by staff of Programme A and Programme B were similar, except that Programme B's sessions sometimes led to public performances, something that it seemed staff of Programme A would never consider doing with their clients.

Based on casual conversations and observations, Programme C was also perceived by Gladys to be infringing on Programme A's territory, having taken one of Programme A's individual clients and beginning to work at some of the same institutions as Programme A. However, Gladys may have felt a greater territorial threat from Programme B due to the programmes' funding history (see Section 10.1.1). This threat of Programme B usurping Programme A's clientele as well as their funding source became even more real to Gladys when Programme A was asked not to return to one institution shortly after Programme B commenced sessions there.

10.1.3 Competition based on old conflicts

Competition based on old conflicts was most pronounced between Programme A and Programme C. These conflicts were only detailed by Gladys (director of Programme A), Nathalie (director of Programme C), and Harold (Nathalie's husband). During a casual conversation, however, Gladys claimed that at least one other member of Programme A's staff was affected. No other staff members of Programme A spoke about Programme C, and when questioned on the matter they declined to comment as noted in the introduction to this section.

Interviews and casual conversations with Nathalie and Gladys indicated that Nathalie, the director of Programme C, left Programme A because she wished to expand her work in a direction that the director of Programme A at the time would not allow. Although this director left Programme A long before Programme C entered Mostar, the conflict had been passed on to subsequent directors of Programme A and was powerful enough to make Gladys (the current director of Programme A) reluctant to trust or embrace anything Nathalie had to say, despite having never met Nathalie:

[Nathalie] and the music centre made some serious bad judgement calls in the past... maybe we get past these. Unethical stuff on her part and stupidity on the music centre's. (Gladys, director of Programme A)

Gladys expected Programme C to provide a new source of competition for Programme A before ever meeting Nathalie:

There's some challenges that are ahead with perhaps some competition in the community, which is not good... [we need to make sure] we're not competing publicly with another music therapist in the community. (Gladys, Programme A)

It is interesting that Gladys specifies the need to not compete publicly, rather than the need to avoid a competitive atmosphere altogether. Despite verbal expressions of a desire to avoid competition, Gladys indicated during casual conversation that she had taken clear steps against collaboration with Programme C, such as by instructing the organisation that funded the local interns of Programme A to not reveal the local interns' names to Nathalie, despite Nathalie's best efforts:

How many times have I emailed H. to try and find out how the students are going... I've just given up now. (Nathalie, Programme C)

While Nathalie claimed that her sole interest in contacting the interns was to connect them with her own local interns (who received their training in a different Western country), Gladys explained during casual conversation that she suspected the much darker motive of Nathalie possibly trying to win Programme A's interns over to Programme C. From what I could tell, Nathalie had not tried to make contact with Programme A's interns via Gladys, potentially lending credence to Gladys's analysis of Nathalie's intentions.

10.1.4 Summary

The three sources of competition examined in this section appear to be self-reinforcing. From fieldwork accounts, it appears that competition for funding leads to increased programme possessiveness of perceived areas of expertise. This increased possessiveness increases programme affront when other programmes expand into what programmes view as 'their' traditional areas of expertise. Residual conflicts become more important when the individuals involved are creating unwelcome competition for valuable resources.

There did appear to be some cooperation between Programme B and the other programmes. Programme B obtained training sessions through Programme A, and were (according to an email from Nathalie) considering a joint application with Programme C for local funding at the end of fieldwork. Programme A and Programme C appeared to have the most tense relationship, with no sign of either programme making a serious effort towards cooperation or even communication.

10.2 Internal tension

Besides inter-programme competition, tensions also exist within programmes between members of staff. Internal tensions within Programme A and Programme B were both observed and mentioned in casual conversations, although never in formal interviews. Tensions were sometimes discussed offrecord after formal interviews, once the recorder had been turned off.

[Staffmember of Programme B] is feeling rather frustrated with some back-stabbing and stuff that has gone on in Programme B and will change jobs as soon as he/she finds something. It is interesting to me how these programmes fight within and between one another, all the while talking about efforts at unification and reconciliation with local people through their programmes. (Field notes, 16 November 2005)

Internal tensions within Programme B led this member of staff to seek alternative employment. Tensions in Programme A appeared to sometimes focus on one particular member of staff due to preferences of the programme director:

Although it seems strange for Gladys to praise this staff member's work while saying he/she should have been screened out before ever completing training, a comment from Greenwood (1966) clarifies matters:

One of the principal functions of the professional schools is to identify and screen individuals who are prospective deviants from the professional culture. . . Psychic factors presaging favorable adjustment to the professional culture are granted an importance equivalent to mental abilities" (p. 18).

By suggesting that this staff member should have been screened out, Gladys is able to label this staff member as deviant in spite of his/her skill during music therapy sessions.

Internal tensions in Programme A were also voiced in terms of other members of staff not doing their job:

I'm back at Programme A after leaving while they had a department meeting. Anna was a bit frustrated with the meeting because she was trying to get background information on the clients but the translators (who have the background information) were going off on tangents about how bad life was in BiH in general. They finally started giving Anna some information but as soon as their workday was officially over the translators insisted on leaving, despite being in the middle of telling Anna about a client. (Field notes, 17 November 2004)

While Anna is merely frustrated with the lack of focus exhibited by her coworkers, the field notes about Gladys' comment regarding a fellow staff member's competence and backstabbing in Programme B indicate much more negative tensions within these programmes. There was not enough access to Programme C to observe or learn of the existence or lack of conflicts within the programme, but (as described Section 10.1.3), a conflict with fellow staff within Programme A was what led Nathalie to leave Programme A to become the director of Programme C:

When we left the music centre, it was like knives ready to go in our backs for wanting to go, wanting to start anything. (Nathalie, director of Programme C)

Tension within Programme A appears to be linked to the international-local tension found throughout Bosnia and Herzegovina, with Nathalie's case being an exception.

Like the local staff member mentioned above, Nathalie appears to have been labelled as 'deviant'. Bucher and Strauss (1966) warn that such a label might be hasty:

Pockets of resistance and embattled minorities [within a profession] may turn out to be the heirs of former generations. . . What looks like backwash, or just plain deviancy, may be the beginnings of a new segment which will acquire an institutional place and considerable prestige and power. (p. 194)

Nathalie did appear to be working to obtain an institutional place through her installation of Programme C in Mostar.

One continual source of tension within Programme A not yet discussed was the way in which local therapists were treated, both by local assistants and international therapists. In my own observations, it appeared that local music therapists received less respect than international therapists of equivalent professional standing. Despite this, tensions arose when Gladys (director of Programme A) left Anna in charge as a new international intern rather than one of the more experienced local staff members. Staff members appeared to retaliate by refusing to acknowledge Anna's assigned authority, as well as by being generally unhelpful:

The translators were always too 'busy' to help Anna while Gladys was gone—I suspect they were taking advantage of Anna's newness to avoid working. (Field notes, 16 November 2004)

This indicates that preferential treatment of international staff could be at least in part due to their greater presence within the programme since, as a new international intern, Anna received little respect just as the local therapists (both of whom worked only part time at Programme A) received little respect. During a casual conversation, Gladys explained that she left Anna in charge because she did not trust any local staff members to be responsible about getting work done, reflecting the general international distrust in local ability noted in Section 9.2. I did find evidence of a lack of responsibility from one of the local assistants:

The session was meant to take place yesterday but Jacob rescheduled it. . . without consulting Gladys, which upset Gladys, especially since he didn't tell her about what he had done until after the fact. . . The rescheduling also messed up the car schedule and forced Jacob to be driving other people from Programme A around, meaning that Gladys had to hold the session without a translator present. (Field notes, 17 November 2004)

Jacob's behaviour in this incident indicates a lack of respect, not only for his coworkers but also for clients of Programme A (who on this occasion were visibly upset by Jacob's absence).

Since Programme B was made up of an all-local staff, lines of conflict could not be drawn along local/international lines. Interestingly enough, however, Programme B did appear to be divided into a 'responsible' group of staff and a 'cool' group of staff (my labels). 'Responsible' staff appeared to take care of organisational work and planning while 'cool' staff relied on their reputations as popular musicians and could be quite lazy about showing up to workshops on time (or at all, for that matter). These two groups appeared to clash fairly frequently, as evidenced by this quote from a 'cool' member of staff:

If I don't come one day to [my] job, they're, everybody's thinking about me, where I am. And they are not, this is not their job... That's what is killing me, you know what I mean? Go outside somewhere and learn how to live!... I took all July unpaying not to be in Mostar and do nothing because the kids are on holiday so you don't need to do anything... You pay me to sit in the office? It's ridiculous. I don't want to sit in the office. I'm going out... I want to play with people. They don't get it... they are going to their job, after their job home. (Seth, Programme B)

While 'cool' staff felt stifled by the 'responsible' staff, the 'responsible' group was often frustrated by what they regarded as a lack of commitment from the 'cool' staff. This frustration was only expressed through casual comments and was never discussed during an interview. Programme B was led by two elected staff members, one from the 'cool' side, and one from the 'responsible' side. The strain of this tension drove the 'responsible' staff member to begin to seek alternative employment during fieldwork. While some members of Programme B were open to international programme influence and others were against it (discussed in the next section), these opinions were not directly linked to whether members of staff were 'cool' or 'responsible'. Most members of the 'cool' group had been part of the original Beta programme, and so may have felt particularly resentful of newer (albeit more formally educated) members of staff trying to organise Programme B as they saw fit.

Since I had no observational access to Programme C and only very limited communication with two members of staff, it was impossible to determine whether internal tension was an issue for this programme as well.

10.3 Local-international divisions

You are a foreigner, you'll always be a foreigner and there's a little bit of resentment there. (Gladys, Programme A)

This section explores local-international relations, which were frequently sources of tension for both Programme A and Programme B; I had insufficient exposure to Programme C to reach any conclusion. Local-international tensions centred around three areas: problems with international staff, local suspicions about international motives, and levels of international ownership. Despite the tensions, there was evidence of symbiotic local-international collaboration, as is discussed in the fourth part of this section. The section concludes with a discussion of the relationship between local-international tensions within the programmes and local-international tensions on a national level.

10.3.1 Problems with international staff

Programme A's international director (Gladys) noted in both interviews and casual conversations that she saw little potential for local ownership of Programme A in the near future (see Section 9.2), but the high level of international ownership of Programme A is not without problems. For example, the importance of speaking the local language emerged in conversations with many staff members of Programme A. While music therapy pioneers Nordoff and Robbins (1992) claim that "music communication bypasses the language barrier" (p. 41), Antje felt that international staff's lack of verbal proficiency limited the effectiveness of international therapists' sessions:

The important thing is that we are speaking the same language. That is very important for me and I think for [clients] because all of these years they had a music therapist, very experienced and professional, but they didn't speak their language. Working with the clients who are able to speak, to talk with me, I think it's very important for them to have that verbal kind of communication as much as this non-verbal musical communication. (Antje, Programme A)

Antje's comment is reinforced by a comment from Anna, an international therapist, who felt that clients sometimes disliked her inability to speak the local language:

Amy [the translator] returned from walking Kelly [the client] back. She says that on the way back Kelly was very different from how she had been in the session, laughing and walking around and talking. Anna thinks that Kelly doesn't like the fact that Anna can't speak Serbo-Croatian. (Field notes, 11 November 2004)

Anna's concern that Kelly is less comfortable with her as a foreigner is reinforced by Amy's observation that Kelly appeared to be more cheerful and talkative when Anna was not present (Amy had been the translator for the session).

Orth and Verburgt (1998) note that, while the non-verbal nature of music does mean that music therapy sessions can be conducted with people who speak different languages, it is important not to ignore the role that language barriers continue to play within sessions. Music may be an accessible form of therapy for individuals who are not ready to verbalise their problems, but when the therapist does not speak the client's language it is possible that things the client might like or need to express verbally will go unsaid. During the drive home, Anna and Amy explained to me that Anna's client Kelly was so quiet during sessions that, until Amy left the session with her and observed a much more extroverted personality, Anna and Amy were not certain that Kelly understood or spoke Serbo-Croatian. This shows that the provision of a translator is not enough to break the cultural barriers that inevitably exist between a foreign therapist and a local client.

Anna's situation was particularly difficult since English was not her own native language, so she herself was working in a second language during supervision sessions as well as therapy sessions. International therapists who did not speak English as their native language had to first translate what they wanted to say from their mother tongue into English so that the translators could then translate their English phrase into Serbo-Croatian.

Although she did not have the dual translation problem, Gladys admitted that she sometimes found her inability to speak the local language frustrating during sessions:

I find it really frustrating that I can't speak directly to my clients. That is so frustrating. That I can't just be spontaneous with them in my communication. (Gladys, Programme A)

Both Anna and Gladys were studying Serbo-Croatian with a private tutor, but neither therapist felt that she had achieved sufficient fluency to converse with clients in their native tongue.

There was some evidence that using international therapists limits the effectiveness of Programme A's work, even beyond the technical complications of a translator (discussed in Section 6.4) and the linguistic issues described above. As one of the local therapists noted:

Antje was telling me about how she felt it was important to have local people working as music therapists. She says that it is important that the therapists share the language and culture of their clients so that they can understand where they are coming from. Antje also said that the high turnover rate of therapists had a negative effect on clients since they were

constantly having to readjust to a new person. (Field notes, 11 November 2004)

Antje highlights a number of complications, from cultural naïveté (and therefore lack of empathy) to what she considers to be the negative impact of a high international staff turnover rate.

Local staff's awareness of the limitations of having international staff members combined with international staff members' assumed superiority (due to higher levels of experience) appeared to be a source of tension within Programme A. This may also have been a source of tension in Programme C, but I was unable to gather the necessary data to arrive at any conclusion. Tensions of this type between locals and internationals in Programme B appeared to be a contributing factor in Programme B's decision to cut off communication with all non-funding-related internationals. Further sources of local-international tension in Programme B are explored below.

10.3.2 Suspecting international motives

Some of the tension between internationals and local staff of Programme B in particular appears to arise from a suspicion on the part of local staff that internationals use the programmes for personal financial gain and to build their professional reputations rather than supporting programmes for ideological reasons:

You have internationals who come here just to rebuild the career. Almost all of them come here to bring their career. (Mark, co-director of Programme B)

Staff of Programme B justified their break from their primary international mentor by saying that they felt that this mentor used the programme for his own interests and projects, without thinking about the way in which his actions affected local staff. This type of local frustration with internationals was not unique to Programme B. One of the local music therapists as well as one of the local assistants of Programme A expressed frustration regarding what they perceived as a lack of appreciation on the part of international staff and funders for the sacrifices made by local staff. This frustration was expressed during interviews as well as casual conversations.

International mentors expressed frustration at what they perceived as a lack of gratitude from local staff of Programme B:

People like [names various international mentors who were associated with Programme B in the past] all feel that [Programme B's break of

all non-funding-related international connections] was a massive betrayal. (Gareth, international with connections to Programme A and Programme B)

During an interview Gareth explained that he personally felt that local people had some “growing up” to do with regards to their perception of internationals, noting that prior to the 1992–96 war the arts in particular in Bosnia and Herzegovina had been “very international.” This opinion was echoed during interviews as well as casual conversations by one of the (local) co-directors of Programme B as well as two other (local) staff members of Programme B, indicating that Programme B’s decision to break off non-funding-related international contact was not unanimously supported by Programme B staff. Casual conversations with staff of Programme B as well as observations revealed that some members of staff had very much appreciated the role played by internationals in their programme and had not supported Programme B’s decision to end collaborative projects with internationals. Some members of Programme B’s staff continued these collaborations, as observed during my first and second field visits (see Section 3.4.1). In this way, tensions between internationals and staff of Programme B also turned into tensions between staff within Programme B. This tension over the appropriate level of international involvement within and ownership of programmes is discussed below.

10.3.3 International ownership

While all three programmes spoke of eventual localisation, each programme had a very definite international emphasis, and this continued international ownership was sometimes a source of tension. All three programmes appear to have been the brain children of internationals. Programme A and Programme B were conceived by the same international individual, and were originally intended to work as a team. An international staff member of Programme A married a local staff member of Programme B and went on to form Programme C, which merged the methods of Programme A and Programme B into a single programme.

All three programmes were originally led by internationals, and it was these internationals who provided the first links to international financial sources. Programme A continues to use these original international links to obtain further financing. Programme B temporarily broke these links at the beginning of fieldwork, but has since sought (with limited success) to reforge the connections they broke. Programme C found their own funding source, but the connection to this funding source was made by Nathalie, the international director of the programme.

It seems that the lack of ownership on the part of local staff discussed in Section 9.2 may in part be due to the fact that all three programmes were the brain children of international rather than local individuals. As Programme B grew, some local staff members grew to resent the high levels of power granted to international students and mentors in the design and implementation of the programme:

All the time we have internationals as coordinators in our project which really xxxxxx me off because it means we were not able to run our project. . . but Gareth didn't like this idea for locals to run because he always had some interest inside of this. . . he is doing this project because his students are doing this project, so it's easy for him to find money probably. (Mark, Programme B)

Mark's complaint that Gareth did not want locals running Beta/Programme B echoes findings of NGO studies described in Section 9.2 detailing internationals' reluctance to trust their projects to locals, despite the increased local ownership this move would bring (Tisch and Wallace, 1994). Mark also questions whether Gareth's motives are truly altruistic, another issue highlighted by Tisch and Wallace (1994) and discussed earlier in this chapter.

During early field visits, I witnessed evidence that internationals continue to intuitively take charge of the programmes whenever they are in the area, regardless of who has been running the project before their arrival on the scene:

One thing I've been thinking about a lot is the extent to which the communities really do own these programmes. Gareth definitely thinks of it as being community-run but then when he is here he is so clearly in charge. He is also an authority figure as he seems to have some influence over who gets hired for what job. There is also the fact that this remains his baby and was his idea. The therapeutic community music staff are also all young people with little formal training; Gareth is the local expert. The problem is, what does this mean for the programmes where the community is meant to own them—do they have ownership of something that wasn't their idea and that someone from outside constantly needs to support? (Field notes, 4 May 2005)

This field note details interactions between Gareth and a number of local musicians trained in therapeutic community music by Gareth, many but not all staff members of Programme B. While some local musicians held Gareth in great respect and were very grateful to him for the opportunities he had given them, others (Mark in particular) felt that he did not grant them enough autonomy and used the programmes for his own selfish reasons. Different members of Programme B presented both of these viewpoints

in both interviews and casual conversation, and it appeared to be a point of tension for staff during any decisions about what level of international involvement to allow. This suggests that programmes and funding bodies might need to work together to determine which level of international involvement is most likely to guarantee ultimate programme sustainability.

10.3.4 Collaboration

Despite tensions with international individuals, these programmes did appear to have positive relationships with international organisations in Bosnia and Herzegovina. Programme A appeared to have the strongest ties with the international community within Bosnia and Herzegovina:

The music therapy department is suffering from the withdrawal of much of the International community from Bosnia now that the EU is taking over from the UN. They have many friends within the UN group of people who will be leaving and the new people will not have the same familiarity with their work. (Field notes, 29 September 2004)

Programme A appeared to have a number of allies within the international community who supported their work wherever possible. During field visits, Gladys (the director of Programme A) had various meetings with foreign dignitaries, and the programme was visited by Prince Charles of the United Kingdom when he arrived in the city to celebrate the reopening of the Mostar Bridge in July of 2004.

Although they had difficult relations with international individuals, Programme B had experienced positive partnerships with a number of international organisations, including the European Union's cultural foundation and the British Council. Programme B continued their partnership with the OSCE throughout this study (see Section 8.2.2).

Whereas the director of Programme A appeared to have positive personal relationships with individuals from international organisations and drew on these personal relationships for programme support, Programme B appeared to have a more formal relationship directly tied to funding.

10.3.5 Ties to national local-international tensions

The local-international tensions found within Programme A and Programme B are also evident on a nationwide level. Bosnia and Herzegovina is technically a democracy, but

this is true only to the extent that democratically-elected officials comply with international demands. For example, Paddy Ashdown (the High Representative) dismissed 60 democratically elected Bosnian Serb politicians on 30 June 2004 for obstructing the peace process. There was no way for the Bosnian people to appeal the decision and no criminal prosecution was planned. Belloni (2004) comments on this action in an article for *Foreign Policy in Focus*:

It is beyond question that Bosnian Serb politicians made little effort to apprehend indicted war criminals. But the changing international demands make many Serb citizens feel that they are the target of international wrath, carried out by unelected and unaccountable international officials.
(http://www.fpiif.org/commentary/2004/0408bosnia_body.html)

Although Ashdown's actions were considered by many to be justifiable, Belloni highlights the fact that negative side effects from these actions on local-international relations are inevitable. This is particularly true since Ashdown chose to act independently of local resources such as the local court system. Belloni goes on, however, to qualify his criticism of international intervention:

The international administration is supported by a majority of Bosnians who are well aware that their political class is made up of crooks who often enriched themselves at the cost of widespread poverty. Perhaps not surprisingly, nobody took to the streets to protest Ashdown's dismissal of 60 politicians. (http://www.fpiif.org/commentary/2004/0408bosnia_body.html)

Thus, local acknowledgement of corruption throughout the Bosnian political system prevents outrage at the heavy-handedness of international appointees.

Jonathan (Programme B) expressed some of this frustration with local politics in Section 9.3 when he discussed the fact that some locals are easily bribed with "two cows...or one cow" to vote for corrupt politicians. Given these circumstances, locals rely upon international officials to regulate extreme corruption: "In its post-Dayton guise the legal system is not only dependent, it is also a construction of the international community" (Aolain, 2001, p. 65). The cost is local alienation from politics, and this itself contributes to tense local-international relations in programmes such as those studied here. On a micro (programme) level, international involvement remains necessary for funding and (as Programme B discovered) even organisational purposes, but the necessity does not eliminate tensions and likely lowers local programme ownership just as necessary international political intervention lowers local ownership of politics.

10.4 Diversity and division

While all three programmes have worked with a diversity of ethnic groups over the years and spoke of avoiding preferential treatment of any ethnic group, there was evidence of some favouring of ethnicities by each programme. It was unclear whether increased work levels with these groups were primarily due to practical issues or unspoken preferences.

Programme A was located on the East (Muslim) side of Mostar and worked mostly with Muslim populations. However, Programme A appears to make the greatest effort at showing ethnic equality, working with clients from both sides of the city and even (for a limited period of time) driving to a school two hours away in Republika Srpska. Programme A felt that the community was aware of their efforts at reducing ethnic discrimination:

I think the people see the results and they see that we don't care about ethnic background, national background, we just care about the kids and the youth and we are here to help them. (Jacob, Programme A)

Programme B works with a diversity of schools, but appears to favour Muslim schools, as all of the schools where questionnaires were distributed had a Muslim majority. Some staff members of Programme B explained that this was because the Muslim population was much more welcoming and more appreciative of helpful programmes. This noted, Programme B does avoid the appearance of ethnic preferences. Programme B left the music centre in East Mostar in part to remove this strong affiliation with the Muslim population, and their new office is on the border between the two sides of the city.

Programme C is located in West Mostar and appeared to work with primarily Croat clients. When asked about this, Nathalie (director of Programme C) responded that she did not pay any attention to the ethnicities of clients. Besides the potential for an unspoken preference, Programme C likely had a majority of Croat clients due to their location, outside work in a Catholic majority town, and the fact that within Mostar Programme A and Programme B already had strong ties with the Muslim population.

10.5 Discussion

While research shows that a coordinated effort is required to provide adequate trauma interventions (Garbarino and Kostelny, 1996), poor inter-programme coordination is a

notorious NGO weakness (Clark, 1997) demonstrated by all three programmes studied. One apparent source of competition among the programmes is that the three programmes provide similar services, and therefore turn to the same international funding sources. Thus, the uncertain financial environment discussed in Chapter 9 contributes to the tensions discussed in this chapter. This is a common problem, and while it is sometimes mitigated through NGO networks and unions (Sullivan, 1996), this was not the case with the programmes examined in this research project. Luong and Weinthal (1999) note that NGOs sometimes counter this problem by splintering into smaller groups; this happened in Bosnia and Herzegovina when Programme B left the music centre that housed both Programme A and Programme B in order to maintain funding.

Besides increasing competition between similar programmes, pressure from funding bodies can cause programmes to grow too quickly and can shift programme focus away from their areas of proven competence (Clark, 1997). In Bosnia and Herzegovina, Programme A and Programme B initially had separate specialty areas in which they concentrated their efforts, but funding competition led Programme A to move into Programme B's original area of specialisation and vice versa; these programme shifts were discussed in the previous chapter.

The competition between Programme A and Programme B may be linked to their status as two similar but not identical occupations. Wilensky (1964) notes that "hard competition with neighbouring occupations seems to go with these later stages of professionalization" (p. 145). Neither Western music therapy nor therapeutic community music is currently recognised as a profession in Bosnia and Herzegovina, and so neither programme can claim professional boundaries, allowing both programmes to infringe on what might be perceived as the other's territory.

While friendly competition would likely push the three programmes to greater levels of productivity, the type of competition found between the programmes studied risks aggravating an already tense and divided environment. Divisive competition is particularly inappropriate given that all three programmes aim to reduce divisive ethnic tensions (see Section 8.2.2); the programmes will likely find it difficult to promote harmony within Mostar if they cannot work harmoniously between themselves. It also seems quite awkward for therapeutic programmes to engage in hostile competition with one another in any context. For these same reasons, programmes should also work to limit tensions within programmes and between locals and internationals. Tensions within programmes run the additional risk of harming clients by limiting the quality of service provided by the programmes (Weber, 1966).

This chapter has examined tensions and their impact on the programmes studied. The next chapter discusses themes that are present throughout this dissertation, and is followed by the final chapter that concludes this thesis.

Chapter 11

Discussion

This thesis has examined the process and role of three therapeutic music programmes in Bosnia and Herzegovina as perceived by programme clients, parents, carers, staff, and my own observations. This chapter discusses the key themes that underly my analysis, including East meeting West, constructions of therapy, and professionalisation. From these themes we may draw important lessons about music therapy in post-war regions, which are discussed in Chapter 12.

11.1 East meeting West

Historically, Bosnia and Herzegovina has served as a geographical meeting place for East and West. The (Eastern) Ottoman Empire lost their rule of Bosnia and Herzegovina to the (Western) Austro-Hungarian Empire. Under Tito's rule, Yugoslavia bridged the East and West as one of the few communist (East) countries open to the West.¹ In Mostar, the meeting of East and West is literal, with the Western half of the city hosting the Catholic (Western) population and the Eastern half of the city providing homes for the Muslim (Eastern) population. Because of this geographical divide, the reconstruction of the Mostar bridge was considered by locals and internationals to be critical to a reestablishment of East-West collaboration. Despite the rebuilding of the bridge, inter-ethnic tensions remain. Attempts by Programme B to hold multi-ethnic workshops for schoolchildren were blocked by the local community, although multi-ethnic teacher workshops have been successful. While all three programmes spoke of reaching a diverse range of clients, Section 10.4 showed that each programme continues to serve ethnic niches.

¹Details of Bosnia and Herzegovina's history before the 1992–96 war may be found in Appendix E.

On a different level, an East-West divide is visible between locals and internationals. Said (1995) notes that in East-West relations Europeans view themselves as “rational, mature, “normal”” (p. 40) whereas Eastern populations are perceived as “irrational, depraved (fallen), childlike, “different”” (p. 40). Although the East and West have each had their moment of dominance in the Balkans, there is some evidence that internationals in modern-day Bosnia and Herzegovina, perhaps unwittingly, share the perceptions described by Said. Tensions between locals and internationals were discussed in Section 10.3.

This section explores the meeting of East and West within the therapeutic music programmes. This meeting of East and West is visible through the interaction of Western and non-Western approaches to therapy, Western intervention, and local-international relations within the programmes. This section concludes with an examination of the embeddedness of the programmes studied in local circumstance despite Western influence.

11.1.1 Western and non-Western approaches to therapy

As shown in Chapter 7, Western and non-Western staff approach therapy differently even within programmes. Western therapists spoke in interviews of their willingness to have clients be uncomfortable if they felt that this could ultimately lead to greater client growth. This was not true for any local staff, including those trained in Western music therapy. Local staff emphasised client enjoyment of sessions and noted that they would stop an activity if they realised that a client was uncomfortable. Since this difference in approaches was defined by whether or not staff were local, it appears to be based on cultural differences. This difference may also be due to the personal exposure of local staff to the war, increasing their awareness of client trauma. The Western approach of allowing client discomfort should probably be pursued with caution since “change must be a process of self-discovery, not the product of pressure” (Strange, 2002, p. 141).

As discussed in Chapter 8, there also appears to be a difference between Western and non-Western approaches with regard to staff-parent interactions in Programme A. International staff appeared more critical of parents, noting parental ‘deficiencies’ in interviews. Local staff spoke of parental inadequacies in a less condescending manner, emphasising that the difficult general living situation in Bosnia and Herzegovina led to greater parental stress and that this could result in poor parenting practices.

Both methods studied were developed by Westerners. Although Programme B appeared on the surface to be a local (and therefore potentially more ‘Eastern’) organisation, closer examination in Chapter 9 revealed that all programme decisions appeared to be determined by the programme’s Western donors, leading to little local ownership. There seemed therefore to be a combination of Western dominance and influence, yet different practices between East and West in terms of the process of therapy.

11.1.2 Western intervention

Most foreign aid is not about beneficence, but about power. (Sogge, 2002, p. 13)

Besides being funded by Western organisations, all three programmes were founded by Westerners. As discussed in Chapter 10, these Westerners appeared to assume that they were eligible for a high level of influence whenever they chose to involve themselves with the programmes. Although Western involvement was critical to programme survival, it sometimes led to tension within Programme B in particular.

Chapter 10 also noted that local staff of Programme A sometimes felt that they were given little authority and received little recognition for their work. Western members of staff appeared to assume that they should have higher standing within programmes. Although this might be justified by their greater experience and higher levels of education compared to local staff, it is important to remember that Western members of staff are limited by their lack of cultural and linguistic familiarity with the context in which they work. Western staff rely on the support of local staff to translate the language and to offer interpretations of cultural responses and differences. Even the Westerners who originally founded the programmes relied on local cultural and linguistic expertise to assure programme success.

Chapter 9 showed the way in which all three programmes were also subject to the whims of international donors. Programme A felt this keenly when, as discussed in Chapter 10, Programme B was able to retain funding by leaving the music centre as advised by their funding body, while Programme A lost funding from the same organisation.

The programmes in this study would not exist without the Western input that created them and sustains them. However, this input and support is perceived and experienced by locals as having controlling aspects, which prevents the relationship from being as collaborative as it might.

11.1.3 Local-international relations: dependency and tension

As discussed above, local-international relations appear to be a mix of dependency and tension. Locals depend on international involvement because their economy cannot currently support their programmes. Locals also use the expertise of internationals. Internationals speak of providing a service for locals, but also benefit personally from their involvement in the programmes. While internationals may very well have altruistic motives, it is important to note that working in these programmes seems a much more interesting addition to a curriculum vitae than working in a more traditional therapeutic milieu. Chapter 10 showed that staff believe that their international funding bodies use the programmes they fund as a public relations device for acquiring further funding, and that programmes appear to be abandoned by funding bodies once public awareness of their cause drops.

The foreign funding of local NGOs can be very helpful to the local community. NGOs provide jobs and can encourage democratic practice (Stiles, 2002). Unless donors ensure that their projects are long-lasting and self-sustaining, however, local NGOs will suffer as soon as the affected country loses its newspaper headlines. Chapter 9 demonstrated the extent to which each of the programmes in this study is currently struggling to survive, the 1992–96 war having moved far enough into the past to no longer interest many potential donors.

While travelling from crisis to crisis may be the easiest way for private aid agencies to generate funds, such a strategy is unlikely to produce lasting change in any single location (Fowler and Biekart, 1996), and Luong and Weinthal (1999) go so far as to suggest that this form of short-term foreign intervention can actually undermine rather than build a healthy, vibrant society. The short-term nature of the funding provided to the programmes in this study appears to limit the extent of ownership and commitment locals allow themselves to feel towards the programmes, further hindering programme potential for long-term sustainability.

11.1.4 Embeddedness of programmes in local circumstances

Despite the fact that they were devised by Westerners and continue to be funded and largely directed by Westerners, the programmes in this study are embedded in local circumstances. A study conducted by Cohen (2006) finds that “there are cultural influences on musical perception and memory and on responses to music” (p. 73). Such cultural influences could well impact the way in which therapeutic music sessions are

received by local clients. There is evidence in this study (presented in Chapter 6) that the history and role of music in Bosnia and Herzegovina impact on programme perception, as well as the extent to which programmes incorporate local music into their work. Chapter 8 discussed evidence that social taboos surrounding therapy might prevent potential clients from accessing the services provided by the programmes. Chapter 9 examined ways in which staff of all three programmes feel that local circumstances limit the potential effectiveness of the programmes in a variety of ways. Staff found the post-war environment difficult to live and work in, and in Chapter 10 local staff spoke of the difficulty of providing therapy for clients when they themselves had experienced the same things that left clients traumatised. While personal experience might improve staff awareness of client emotions, it might also make it difficult for local staff to refrain from extending their own experiences and emotions to their clients.

This section has examined ways in which the meeting of East and West was evident throughout study findings. The next section discusses ways in which constructions of therapy were expressed in this study.

11.2 Constructions of therapy

As discussed in Chapter 6, the aims of the programmes studied are much more complex than merely providing a therapeutic service. Moreover, therapeutic practices vary within and across programmes. This section discusses the various constructions of therapy found within the programmes studied. This section also explores the programme staff construction of the naïve client, concepts of parents and their role, and the use of music as therapy for war traumatised children.

11.2.1 What makes a music programme therapeutic?

Darnley-Smith and Patey (2003) note two applications of music therapy: “the use of music for its inherent restorative or healing qualities; and the use of music as a means of interaction and self-expression within a therapeutic relationship” (p. 8). Staff members of all three programmes in this study emphasised this second expressive and interactive application of therapeutic music, as is reflected in the discussion of staff perceptions of therapy reception in Chapter 7. The first application was implicit within their discourse, since staff appeared to believe that the interactions and opportunities for self-expression within therapy sessions have restorative and healing effects on clients.

There were important differences in the extent to which programmes emphasised the therapeutic aspect of their work. In interviews, Programme A staff emphasised the therapeutic aspect of their work the most frequently and the most consistently. Staff of Programme B rarely discussed their work as therapeutic, acknowledging that the programme started out with therapeutic aims and continues to provide therapeutic benefits but emphasising the creative, educational, and reconciliatory aspects of their work. Nathalie described Programme C as a holistic organisation that works together with other groups to meet the diverse needs of their clientele, with the therapeutic aspect of their work making up one part of the programme rather than being a focal point.

Despite these differing levels of emphasis in interviews for this study, literature from all three programmes intended for funding agencies emphasised the therapeutic nature of the programmes. Programme B also emphasised their inter-ethnic workshops, which might be seen as a type of community therapy. Programme staff did not appear to see a conflict between this written emphasis and what happened in practice. Rather, staff appeared to believe that such a written emphasis was fine since all three programmes did provide therapy on some level, and it was this aspect of the programmes that attracted donors.

11.2.2 The naïve client

Although these programmes classify all of their work as being therapeutic to some extent, staff noted that their clients are likely to be unaware of the therapeutic aims of their therapy sessions (see Chapter 7). The involvement of clients in their care has been cited as one reason complementary therapies such as music therapy have been successful (Aldridge, 1994), but some staff of Programme A at least appeared to feel quite strongly that this client naïveté was necessary for sessions to be successful. Other staff from all three programmes felt that it was simply unnecessary for clients to be aware of these therapeutic aims. Staff explained that they believed that such information would have no positive benefits and so was better left unknown.

This idea that having a naïve client could be a necessary ingredient for session success might be linked to music therapy's concept of the 'inner child' (see Chapter 2). Music therapists believe that this 'inner child' is a part of every human being that can be reached through music. The 'inner child' is pure and undamaged. Once reached, music therapy clients can use this undamaged self as a foundation to rebuild them-

selves into a healthier being. This concept implies a view within music therapy of children being pure and innocent. Within this context, revealing the therapeutic intent of sessions might be seen to complicate session dynamics, unnecessarily tarnishing the pure musical relationship with pragmatic aims.

While it might be more effective therapeutically for clients to be unaware of the fact that they are in therapy, there are ethical issues to consider. This lack of awareness might be considered a deception. Clients might also want a voice in decisions that affect them (Morrow, 1998). Article 12 of the *United Nations Convention on the Rights of the Child* notes the importance of children's views being considered in matters that affect them (United Nations, 1990), and Lansdown (2003) states:

Those programmes which have been effective are those which seek to empower children by working with them to enable their own experience to inform the development of appropriate interventions and services. (p. 277)

By withholding the knowledge that they are in therapy, members of staff might prevent clients from being consciously involved in therapeutic decisions. For this to be justifiable, staff need to show that it is more beneficial to the client to remain unaware of the therapeutic intent of the sessions than for the client to understand the full purpose of their music sessions and for the client to be given a voice in therapeutic decisions.

11.2.3 Concepts of parents and their role

While none of the programmes appeared to feel that it was necessary for clients to be aware of the therapeutic intent of their sessions, staff of Programme B felt that parents did not even need to know that their children attended music sessions. Parental knowledge was neither pursued nor blocked by Programme B. Workshops were organised through schools, and since staff believed that the programmes would not have any ill effects, parental knowledge was not considered to be important. While it is relatively un-controversial for parents to be unaware of workshops that are primarily educational, the newer inter-ethnic reconciliation aims of Programme B (see Chapter 8) could be perceived as using children as political actors, in which case parental consent would seem more important.

Where parents were aware of the therapeutic intent of their children's sessions, they did not appear to play an active role. It seemed that Programme A staff tended to view parents as passive recipients of their advice (see Chapter 8). Parents were constructed in particular ways in the therapeutic process. Parents were viewed as being problematic

when they failed to reinforce the progress therapists felt had been made by clients during sessions. Parents were also considered problematic when they did not adhere to therapists' advice. There did not appear to be any discussion between staff and parents as to why parents might not be reinforcing session progress or heeding therapist advice. Pupavac (2001) notes that writers of children's rights frequently view parents with suspicion, considering their influence over their children as potentially dangerous. This viewpoint appeared to be shared by programmes in this study, particularly international staff of Programme A. This relationship between parents and staff is the opposite of that described by play therapist Moustakas (1953):

Faith in the parent's ability to grow in understanding and accepting his child and in living securely and happily with him is conveyed to the parent throughout every contact, no matter how brief or lengthy the contact may be. (p. 101)

It was unclear whether this difference was due to the different context within which Programme A was operating or whether it was due to different conceptions of the parental role between play therapy and music therapy. I only heard this view of parents as problematic being expressed by international therapists, so it is possible that it was unique to international staff. Local staff appeared to have greater patience with parents, as was noted in Chapter 8.

This section and the previous one explored ways in which the programmes studied construct parents and clients. The next section analyses the programmes' claim to provide therapy for war traumatised children.

11.2.4 Therapy for war traumatised children

Although programme aims have shifted (see Chapter 9), each programme originally sought to provide therapy for war-traumatised children, and programmes continue to emphasise this aim in literature composed for funding bodies. While traumatic events challenge children's resilience, there is little literature available on how to support and understand traumatised children (Kinchin and Brown, 2001). Post traumatic effects in children appear to be serious and enduring (Ursano et al., 1995) and show more similarities than differences across cultures (Smith et al., 2002). Children's cognitive immaturity combined with their adaptive capacities appear to veil the effects of war on this population, particularly since children are rarely able to verbally discuss frightening experiences (Shaw and Harris, 1995). This inability of children to verbally discuss

traumatic experience was one way in which the programmes in this study justified the use of music as therapy for this population, although in practice sessions appeared to always involve some verbal component (see Chapter 6). As discussed in Chapter 10, there was also evidence that clients benefited from having the ability to discuss difficulties verbally if they so desired.

Garbarino and Kostelny (1996) note the importance of providing adequate interventions for traumatised children:

The experience of trauma distorts the development of values—suppressing higher-order thinking about human relations and stimulating more primitive approaches. . . Unless we reach children and youth with healing experiences and offer them a moral, political, and spiritual framework within which to process their experiences, traumatized children are likely to be drawn to groups and ideologies that legitimize and reward their rage, fear, and hateful cynicism. (p. 47)

As Marten (2002) notes, “Children accept war as a ‘normal’ part of their lives” (p. 8). Interventions should help children understand that war is neither normal nor necessary for their daily existence. Jones and Kafetsios (2002) believe that successful programmes will focus on communal, non-symptomatic treatments (where treatments do not focus on the symptoms themselves) that will address social, cultural, economic and political needs. The therapeutic music programmes examined in this study claim to be non-symptomatic, since sessions focus on music rather than actual symptoms (see Chapter 6). These programmes also claim to address clients’ social needs, and Programme B pursues political goals of inter-ethnic reconciliation (see Chapter 8). All three programmes speak of embracing cultural diversity.

Developing and running adequate programmes requires high levels of professional expertise and the coordination of the various interventions required into a single campaign (Garbarino and Kostelny, 1996). Marans et al. (1996) emphasise the importance of a multi-disciplinary approach to trauma treatment:

Regardless of their shared concerns, no single group of professionals can address the multiple needs of children and families subjected to massive environmental stress when the professionals attempt to intervene in isolation from one another. (p. 123)

Eisenbruch et al. (2004) add to this, noting the importance of providing culturally appropriate trauma therapy for children, as well as ensuring that programmes will remain sustainable once Western agencies leave. My data indicate that the programmes examined in this study currently struggle to adhere to this advice. Chapter 9 showed

that programme sustainability is a serious concern, particularly for Programme A and Programme B. Programmes compete with one another, as was discussed in Chapter 10. The two programmes in this study that are run by internationals hire local assistants in an effort to ensure cultural sensitivity, but there are indications that this is not always successful, as Chapter 10 revealed. The programmes do interact with other local professions through the provision of training sessions, but Programme C appears to be the only programme with a concrete strategy for liaising cooperatively with related professions.

This section has shown that, while programmes do have a number of qualities (such as the ability to provide non-verbal communication and non-symptomatic treatment) that might make them appropriate for the provision of therapy for war-traumatised children, other issues remain. None of the programmes have achieved sustainability, and competition for funding leads to a tense atmosphere between programmes. International staff are unable to achieve full cultural awareness, and only one of the three programmes has a strategy for liaising cooperatively with related professions.

The development of a concrete professional identity for the programmes studied might improve cooperation with related professions; it might also abate competition between programmes by establishing concrete boundaries. Issues with the establishment of a professional identity in Bosnia and Herzegovina are explored in the next section.

11.3 Professional identity

Although music therapy is considered a clinical profession throughout much of the Western world, it has not yet achieved professional status in Bosnia and Herzegovina. This section examines issues concerning the professionalisation of the programmes studied, ranging from the creation of programme boundaries to professional-lay relations and staff motivations.

11.3.1 Delineating boundaries

Achieving professional recognition is key to achieving a monopoly on services (Becker, 1970). Despite the lack of formal recognition as professions, each of the programmes in this study had constructed boundaries within which they saw themselves as specialising, a common practice in professions (Fournier, 2000). However, Chapter 10 dis-

cussed the way in which programmes in this study infringe on one another's perceived areas of specialisation, something that might be less likely to happen if music therapy were a recognised profession in Bosnia and Herzegovina. While the music therapists in this study consider themselves to be professionals, "professional authority needs to be established and reinforced through symbols which make the public conscious of its dependence on the professions" (Fournier, 2000, p. 74). Where music therapy is not recognised as a profession in Bosnia and Herzegovina, therapists cannot draw on public consciousness of their professional status to defend their perceived areas of expertise from outside intrusion.

Although each programme could delineate clear boundaries that were unique to their programme (see the description of the programmes studied in Chapter 1 to review these boundaries), the pursuit of funding led them to move into what would have normally been the work of one of the other programmes. Thus, Programme B began providing sessions for the special needs populations that would traditionally have belonged to Programme A. Programme A was increasing the number of group sessions in what might be seen as an infringement on Programme B's emphasis on group work. While providing a holistic service, Programme C attracted a number of clients for the one-to-one Western music therapy sessions traditionally run by Programme A. Without professional recognition, programmes had no way of protecting their traditional boundaries against such intrusions. While programmes appeared to infringe on one another's boundaries in a bid to gain further funding, Caplow (1966) and Bucher and Strauss (1966) note that working relations between related professional groups are often established only after conflict. Therefore, the conflict over boundaries experienced between the groups in this study might have emerged to some extent even without a funding crisis.

Programmes constructed further boundaries within programmes. Western-trained therapists perceived themselves as having higher professional status than other therapeutic staff, although without local professional recognition any status differences that would have been accorded in a Western context were rendered void. Bunt (1994) notes that "different countries will develop different definitions of music therapy relating to their own musical and cultural histories and particular patterns of care" (p. 7). There is no nationally recognised professional difference between Western music therapy and therapeutic community music in Bosnia and Herzegovina. Because of this, the effect of levels and methods of staff training on local perceptions of programmes may be more limited than it would be in a country where Western music therapy is considered

a clinical profession.

Besides the lack of professional recognition, boundaries between Western music therapists and other therapeutic music staff may be further blurred by the role of translators within Western music therapy sessions. As was described in Chapter 6, translators sometimes play a role very similar to that of the therapist within sessions. Translators do draw clear boundaries between themselves and Western therapists. However, these boundaries are not likely to be as clear to clients, parents, and carers, particularly since translators frequently have higher levels of contact than therapists with these groups. Professional-lay relations are explored in greater detail below.

11.3.2 Professional-lay relations

Professional-lay relations became a topic of interest in this study, particularly with regards to programme staff relationships with parents.

Programme B had virtually no contact with parents. As has already been discussed in this chapter, staff and clients agreed that, in most cases, parents were not even aware of their children's music sessions. Since Programme B staff ensured that their sessions were always a positive experience for clients and stopped any activity that appeared to make clients uncomfortable, it is unlikely that parents would mind having their children in music sessions. However, the fact that Programme B does claim (at least to funding bodies) to be providing a therapeutic service to these children does raise the ethical question of whether parents should be informed when their children are receiving therapy, even if this therapy is very unlikely to have any ill effect on the client. Parents might also wish to know of Programme B's efforts at inter-ethnic reconciliation, since it might be argued that their children are being used as political actors in this context.

Programme A spoke as if they interacted frequently with parents, but in a conversation with a member of staff, meetings with parents were described as happening once in every three or six months. It seems that meeting with parents more frequently might provide greater parental cooperation and reinforcement of session progress.

Staff of Programme A worked with both parents and carers, and appeared to have very different relationships with the two groups. Staff never complained about carers, but criticised parents for failing to reinforce session progress and for not adhering to staff advice. Staff appeared to view carers as colleagues with whom they related professionally, whereas parents were meant to passively receive therapist advice and

parents who failed to do so were problematic. Becker (1970) notes:

Professionals depend on their envioning society to provide them with clients who meet the standards of their image of the ideal client. Social class cultures, among other factors, fail to meet these specifications and therefore aggravate one or another of the basic problems of the worker-client relation. (p. 149)

For Programme A, parents who fail to heed therapist advice fail to meet the ideal client image, and professional-lay relations appear to suffer as a result.

The above analysis indicates that programmes may not value parents as much as they might. Programme B made no effort to include parents. Although Programme B staff told me in informal conversations that it was unnecessarily complicating to involve parents, they did write plans for involving parents into a project proposal, indicating some awareness of the possible necessity of this. This proposed involvement was in terms of providing therapeutic sessions for parents themselves, however, so it is possible that (despite the potential ethical issues discussed above) staff genuinely believed that parents did not need to know about their children's sessions.

11.3.3 Staff motivations

The professional performs his services primarily for the psychic satisfactions and secondarily for the monetary compensations. (Greenwood, 1966, p. 17)

It is useful when analysing programmes to consider the motivations of staff of any programme, particularly one that claims to provide a benevolent service. This subsection compares and contrasts the different motivations of expatriate and local staff.

The actual decision of expatriates to provide aid, whether it be monetary or through manpower, is complex. While expatriates frequently have altruistic, humanitarian, and ideological concerns for the people in the countries they serve, they may also be pursuing social status, a high standard of living at little cost, the opportunity for travel and diverse cultural experiences, professional and personal development goals, an escape from a home career or lifestyle, or a desire for money and power. Even personally or professionally committed expatriates do not have the same stake in the process or outcome of the projects they undertake that is experienced by local staff (Tisch and Wallace, 1994). As was discussed in Chapter 10, local study participants sometimes complained that international mentors in particular (rather than paid staff)

appeared to be more interested in power and prestige than in the best outcome for local staff and the local community. As Pavlicevic (1997) warns, “the role of carer and healer carries with it the potential for power and self-delusion” (p. 177) — for both local and international staff.

As with expatriates, local staff do not always choose to work at non-profit jobs for purely altruistic, humanitarian, and ideological reasons. Local staff are frequently drawn to work with non-profits because of higher wages, creating a brain drain where the most talented professionals work for foreign donors rather than for the recipient government. This problem is not as serious as it might initially appear, however, since the professional allegiance of local staff normally remains with national priorities rather than transferring to donor priorities. On a government level, it can also be beneficial to have local staff working on foreign-funded projects rather than “professionally stagnating in ministries that have few resources and weak political support” (Tisch and Wallace, 1994, p. 104).

This trend can be problematic, however, when local staff work for a project with altruistic or humanitarian motives yet themselves care only about monetary benefits. While local staff of the programmes involved in this study appeared to care at least somewhat about the humanitarian goals of the programmes, many noted that they considered themselves lucky to be employed (see Chapter 9). Two staff members of Programme B noted in interviews that the only reason they joined the programme in the first place was that they could not find any other job. Some members of staff of both Programme A and Programme B were actively seeking for jobs in an alternate line of work during fieldwork.

As was noted in the quotation that introduced this section, part of being a professional should be deriving satisfaction from providing the service rendered over any monetary gain. If programme staff are pursuing employment primarily for reasons other than the ability to render service, it could be difficult for these programmes to obtain professional status.

11.4 Summary

This chapter has examined key themes that were evident throughout this thesis. The theme of East meeting West was visible in my examination of Western and non-Western approaches to therapy, Western intervention, local-international relations, and the embeddedness of the programmes within the local context. Because the programs

were originated by Westerners but were meant to eventually become fully localised, the programmes had East-West interactions from their origin.

Although these programmes present themselves to potential donors as therapeutic organisations, their actual role is much more complex. Programmes provide training programmes that are not intended to be therapeutic, and some of the programmes emphasise non-therapeutic aspects of their work over therapeutic aims to the local public. Even when programmes are publicly open about their therapeutic aims, they appear to hide this information from their clients, explaining that client awareness of therapeutic aims might impede their progress. Programmes appear to perceive parents as passive players in their work, sometimes failing to notify parents of their work altogether or expecting them to follow whatever advice or suggestions they provide.

Programmes seek to define boundaries that can separate them from one another professionally, but then trespass these boundaries in an effort to become more appealing to funding bodies. This crossing of boundaries has led to programme conflict, severely limiting programme cooperation.

Programme staff appear to engage in a more cooperative relationship with carers than with parents, possibly because of the professional status of carers. While the programmes seek a professional identity, this pursuit may be hindered by the fact that many members of programme staff have selected their profession simply because it was the job that was available. This may produce a conflict of interest since professionals should place the rendering of their professional service above any monetary gains.

The themes which emerged in this study are due to both the context within which the programmes operate and aspects of the programmes themselves. The theme of East meeting West explored in this chapter is embedded in the context within which the programmes operate. The issues with professionalisation found in this study are likely to be found in many fields that are seeking professional status. Different constructions of therapy are common to young therapeutic fields and are particularly unsurprising given that the programmes studied practiced two different methods of therapeutic music.

This chapter has discussed key themes that ran throughout this study. The next chapter offers conclusions, general implications for the use of therapeutic music programmes in post-war regions, study limitations, and further work.

Chapter 12

Conclusions, Implications, Limitations, and Further Work

This thesis has presented an examination of the structure, style, and impact of three music programmes in Bosnia and Herzegovina that aim to provide therapy for war trauma. Rather than evaluating programme effectiveness, this study used the perceptions of programme staff, parents, clients, and carers as well as my own observations to identify similarities and differences between the three programmes, which were then analysed to elucidate the extent to which the programmes are unique as well as factors that might impact the effectiveness of the programmes.

As the first doctoral thesis in this area, there are many lessons to be learnt from my research. Besides its applicability to therapeutic music programmes, the findings of this thesis may also apply to other NGOs working in post-war regions. This chapter summarises study conclusions and presents possible implications of research findings for the programmes studied, funding bodies, and similar programmes in other areas. This chapter also examines the limitations of this study and areas for further research.

12.1 Conclusions

This section summarises the conclusions of this study. This study revealed that these therapeutic music programmes are complex, with differing programme perceptions from different groups. Perceived programme effects differed by participant group, but focused on communication and community building. Areas for programme improvement are also discussed, as well as the impact of internal and external uncertainties and tensions on the programmes. This section also discusses the importance of my choice

of a mixed methods approach for this research.

12.1.1 Differing perceptions

As discussed in Chapter 7, perceptions of these therapeutic music programmes vary by participant group. Clients of all three programmes enjoy their music sessions, but appear to be unaware of the therapeutic aims of the programmes. This lack of client awareness appears to be intentional on the part of programme staff. Parents and carers are appreciative of the music programmes, but parents emphasise client enjoyment of programme sessions whereas carers highlight clinical benefits. Staff of all three programmes expressed a firm belief in the ability of their programme to have a positive effect on the lives of their clients, although staff acknowledged that it takes time for programme benefits to transfer from programme sessions into everyday life (see Chapter 8). Programme staff do not appear to feel any need for clients to understand the therapeutic aims of their programmes. In fact, some staff feel that such an understanding could impede the effectiveness of programme sessions. As discussed in the previous chapter, however, client unawareness of session aims does have ethical implications, particularly as there is evidence that some staff of Programme A at least purposely withhold the therapeutic aims of their work from clients.

12.1.2 Programme effects

Improved communication and positive interactions were perceived by parents, clients, carers, and staff to be the primary effects of programme work on clients (see Chapter 8). Staff of Programme A in particular emphasised the individuality of their work, which they felt led to unique effects for each client. Staff of both Programme A and Programme B used examples of clients becoming more social and expressive outside of sessions as evidence of the effectiveness of their work.

Although defined as therapeutic organisations for funding bodies, therapy does not appear to be the sole purpose of any of the programmes studied. Programmes seek to have other effects as well, and all three programmes seek to impact the local community in addition to their individual clients. Programme A and Programme C spoke of their work having a ripple effect on the community, where the improvement of a single client's life leads to improvements in the community. All three programmes also seek to influence the local community through the provision of training sessions for various professional groups.

Programme A and Programme B also seek to improve local levels of inter-ethnic tolerance. Programme A does this by actively pursuing opportunities to work with each of the ethnic groups in Bosnia and Herzegovina. Programme B runs inter-ethnic workshops for teachers, and has sought to extend inter-ethnic sessions to children as well, albeit with very limited success (see Chapter 8). Programme C is very aware of inter-ethnic tensions, but is not currently actively working in this area. All three programmes did appear to favour certain ethnic groups (see Section 10.4), although there was evidence that this was due to convenience rather than actual programme preferences.

12.1.3 Programme improvement

Areas for possible programme improvement were identified in client, parent, and carer questionnaires as well as through observation and conversations with staff (see Chapter 8). Parents and clients expressed a desire for programme expansion. Parents also requested increased community education regarding the therapeutic potential of music in order to increase local awareness of the potential of music therapy. Such education might also help reduce local social taboos about therapy.

It appeared that international staff members of Programme A might improve their communication with parents of clients. Programme B appeared to have little to no communication with parents. The level of parental communication with Programme C was unclear given the limited amount of data available from this programme.

12.1.4 Uncertainty

Programme staff believe that uncertainties within the local environment are tied to uncertainties within the programmes themselves, and that these uncertainties limit the potential effectiveness of the programmes (see Chapter 9). Uncertainty regarding the availability of funding and local leadership has led staff of Programme A and Programme B in particular to doubt the potential for long-term sustainability. The lack of hope for long-term programme sustenance appears to lead to low levels of local ownership of the programmes, limiting the feasibility of eventual programme localisation and further reducing the potential for long-term programme survival.

Staff noted that the unstable local environment complicates everyday programme tasks. To further complicate matters, programme definitions were in a state of flux throughout this study. Programme staff were obliged to change the focus of their work

to meet evolving local needs, while adapting their programmes to appear more attractive to increasingly sparse funding bodies.

12.1.5 Tension

In addition to the uncertainties identified by programme staff, programmes appear to be limited by tensions within the community and the programmes themselves. Inter-programme competition regarding funding, territory, and old conflicts adds to an already tense local environment and severely limits inter-programme collaboration. Internal tension is visible within the programmes. Tensions between local and international residents on a national level are reflected within Programme A and Programme B. All tensions appear to be exacerbated by the uncertain futures of the three programmes.

12.1.6 The importance of mixed methods

This study demonstrates the effectiveness of a mixed methods approach for certain research settings. Many of the findings of this research would not have been possible without a mixed methods approach. The comparison of findings across programmes and across various groups (i.e. parents, carers, clients, and programme staff) was made possible only through the mixed methods approach of this study since no single method would have allowed access to all of these participant groups. In addition, data obtained through one method (such as observation) often provided valuable information that helped me to interpret data obtained through other methods (such as interviews and questionnaires). My mixed methods approach was also the only way that I was able to obtain data from all three programmes, and the flexibility that I allowed within methods allowed me to negotiate differing levels of access from the different programmes (see Chapter 4). Limitations of this approach are discussed later in this chapter.

Aldridge (1998) notes that studies using anthropological methods could provide valuable insights into therapeutic music practices. The anthropological methods used in this study revealed a number of interesting findings; some of the implications of these findings are discussed in the next section.

12.2 Implications

As noted in Section 2.5, music is not a straightforward therapeutic medium. It is important for programmes to reflect upon the complexity of using music as a therapeutic medium. Nathalie from Programme C highlighted the fact that, in Bosnia and Herzegovina, even the word ‘music’ is not neutral. Music had strong political connotations for the former Yugoslavia (see Section 6.5). This history should not be ignored, particularly as programmes have begun using their therapeutic music sessions to increase inter-ethnic tolerance (see Section 8.2).

Findings of this study highlight the importance of clear communication between funding bodies and programmes from the outset regarding expectations, both of what the programmes will achieve and how long the funder expects to fund the programmes. Funding bodies need to be realistic about the challenges programmes face in a post-war environment, and should provide adequate support. Programmes have an obligation to be completely honest about what is possible given the circumstances and resources available when presenting programme goals to funders. Programmes in this study presented goals in their funding applications that they verbally said they did not believe were possible. While programme optimism can be beneficial, it is important for programmes to be honest with funding bodies about which aims they merely hope to realise and which aims they feel certain are attainable.

The difficulty local NGOs face in maintaining funding leads them to pursue activities that will increase the likelihood of obtaining funds, even when these activities may not be those most needed locally (Hulme and Edwards, 1997; Luong and Weinthal, 1999). This has happened with the programmes in this study (see Chapter 9), and is something that funding bodies and programmes need to guard against.

Where possible, funding bodies should do what they can to reduce negative competitive feelings between similar programmes, if only by emphasising the importance of this to the programmes themselves. Eisenbruch et al. (2004) state that, when creating programmes, funding bodies have an obligation to either maintain funding as long as it is needed or to ensure that the programmes will be sustainable once the funding body has left the country. Of the programmes studied, Programme C was the only programme that expressed any belief that their funding body would support them until they became sustainable. Since much of the competition between programmes observed in this study was tied to programme pursuit of funding (see Chapter 10), tensions between programmes might be significantly reduced if funding bodies would

guarantee funding until programmes are self-sustaining.

This study highlights the importance of cultural awareness when providing cross-cultural aid provision. Chapter 6 noted the importance of awareness of the role of music in the local culture. In Bosnia and Herzegovina, therapy is a strong social taboo (see Chapter 8), and so an approach that emphasises the clinical aspect of programme sessions might alienate potential clients. At the same time, it is important for programme staff to carefully consider the ethical implications of providing therapy to clients who believe that their therapeutic sessions are merely innovative music classes. Service providers need to enter the field with as much cultural knowledge as possible to ensure that aid is culturally sensitive to the community. It is likely that all cultural issues will not be apparent prior to entry, and programmes need to be prepared to adjust accordingly.

While sensitivity to the local culture is very important, this alone will not guarantee programme success. If the hope is for the local community to feel ownership towards a programme, this ownership needs to be established from the beginning. This might be done by involving the local community from the earliest stages of programme development through the identification of and appreciation for local expertise. If local members do not feel a strong sense of ownership towards a programme, they are unlikely to make the required sacrifices for ultimate programme sustainability. This might be particularly true when working in an unstable environment such as Bosnia and Herzegovina, where daily living continues to be a challenge for most locals.

12.3 Limitations

The programmes in this study were originally intended as therapy programmes for war trauma, but by the time this study began the majority of programme clients were too young to have experienced or to remember the actual 1992–96 war. Programme staff were primarily working with secondary trauma clients, and all three programmes were in a state of flux. Much information that might have been obtained through the study of these programmes from their conception is missing, and how programmes will cope with the challenges noted in Chapter 9 and Chapter 10 remains to be seen. This study nonetheless provides a valuable snapshot of three programmes seeking to meet the needs of an evolving population within an unstable environment as the programmes themselves struggle to find funding and to create new programme definitions that meet the changing needs of the environment in which they work.

One of the greatest limitations of this study was the widely differing levels of data provided by the different programmes, limiting the level of comparison that was possible between programmes. Data gathered for this study was limited by access restrictions placed by the programmes. Reasons for blocking access appeared diverse, from a desire to protect the programme by controlling my access to data to programmes simply seeing no justification for my desire to continue data collection when staff felt that I had already ‘seen everything’. The limited data available from Programme C in particular made comparison of Programme C with Programme A and Programme B difficult.

Data was gathered using a variety of methods (explained in Chapter 3). While this diverse methodology was necessary in order to obtain a comprehensive picture of the programmes and their clientele given the level of access provided by the programmes, it did limit comparisons since it is difficult to compare data gathered using different methods.

Comparison was also limited by the fact that each programme is actually unique. Programme A focuses on traditional Western music therapy. Programme B aims to provide a therapeutic community music framework that focuses on client enjoyment. Programme C seeks to provide both forms of therapeutic music within a much more holistic framework that includes social work, art therapy, and collaboration with a local psychologist. These differences make any direct comparison of programmes obsolete, but the common findings between all three programmes noted in this study are nonetheless enlightening.

12.4 Further work

Music therapists acknowledge that research conducted by music therapists needs to be improved. Aldridge (2005c) calls for a standardised approach to studies conducted by music therapists to allow for comparisons with other music therapy studies as well as other interventions. Ridder (2005) notes that “music therapy research does not fulfil the required standards” (p. 65). Independent evaluations of music therapy have still not been conducted (see Chapter 2). This study is limited to accessing views and does not contain robust outcome evaluations. Evaluations studies should take place along with further research. Research on the role of translators in Western music therapy could also be very informative.

Continued observation of these programmes could be very informative, particularly

with respect to the way in which these programmes deal with the inevitable end of international funding. All three programmes changed a great deal during the 13 months that I conducted fieldwork. Programme changes were made in response to donor requests as well as to meet the changing needs of the local population. It is currently too early to assess the impact of these changes, and further study could be very useful to the programmes themselves and similar programmes in other countries.

The use of music as a tool for inter-ethnic reconciliation is an aspect of Programme B's work that has not been fully explored. Further study of the use of music for inter-ethnic reconciliation might be particularly informative with regards to its use of children as political actors, an issue discussed by Straker (1996), and the effect of this on the status of music as a safe medium of interaction. While it might be appealing to funding bodies as a concept, the application of a therapeutic music programme for political purposes further complicates the existing problems with the use of music as therapy that were discussed in Chapter 2.

A longitudinal study examining a similar programme from its conception would be very informative, as would a comparative study with one of the many similar programmes that have since emerged in other war-torn regions around the world. The therapeutic use of music in post-war environments remains a novel concept, and further study could provide important and valuable insights for the staff, funders, and clientele of existing and future programmes.

Epilogue

Nearly 20 months after my final field visit, all three programmes remain in a state of uncertainty. Programme C's web site no longer works and I received no replies to emails sent to Nathalie, the programme's director. Gladys (Programme A) told me that she heard Programme C had left Mostar, but was not certain whether or not this was the case. Programme B is proposing a new nature resort for children of multiple ethnicities in hopes of attracting new donors while maintaining their current donor for a few more years. Programme A hired staff to concentrate solely on public relations and obtaining funding, but has had to halve its budget in order to guarantee its existence for the next two years. It appears that none of the programmes have obtained local funding, and funding applications continue to be addressed to international funding bodies. There are no indications that the tensions observed in this study have abated. It seems that the wider context within which therapeutic music programmes operate in war torn areas may severely limit their therapeutic potential in the medium to long term.

Appendix A

Research Participants

A.1 Programme A staff

Amy Assistant/translator

Anna International intern

Antje Local intern; works part time as a music teacher in case Programme A loses funding

Gladys International music therapist; head of Programme A for all but one fieldwork visit

Jacob Assistant/translator

Joseph International music therapist; completed tenure and left the country during fourth fieldwork visit

Laura Local intern; works part time as a music teacher in case Programme A loses funding

Note: This list does not include one other assistant/translator and one international music therapist who were part of Programme A during early fieldwork visits but who were not directly involved with this research project.

A.2 Programme B staff

Aida Trained teacher for primary school, grades 1–4 (children aged 7–11)

Alyssa Amateur teacher

Gabe Amateur musician

Jeff Trained musician; certified music teacher

Joey Amateur musician

Jonathan Amateur musician

Katie Trained kindergarten teacher

Lily Trained kindergarten teacher

Mara Co-director for the programme; amateur musician

Martha Co-director for the programme; trained musician, certified music teacher

Naomi Trained musician who performs professionally, now studying to teach physical education

Seth Amateur musician

Will Amateur writer; works as an amateur musician for Programme B

Note: Descriptions of staff background and training are according to Martha and information received from the individuals themselves. Staff fluctuated slightly during fieldwork; this list only includes staff members who were present during the two final intensive data-gathering field visits.

A.3 Programme C staff

Harold Amateur musician; former employee of Programme B and of the Music Centre which used to house both Programme A and Programme B and now houses only Programme A

Nathalie Professional music therapist; former employee of Programme A

Note: This list does not include the other staff named in the description of Programme C because no other staff were observed or interviewed for this study.

A.4 Non-programme informants

Gareth International musician involved with Programme A and Programme B

Miranda Head of the music centre which houses Programme A and used to house Programme B as well

Appendix B

Questionnaire and Interview Questions

B.1 Programme A self-designed questionnaire

These questionnaires were designed and distributed by Programme A prior to the start of this research project. Many questions were applicable to this research, however, and so the responses were used as data in this research project. Questions are as follows:

1. Do you know about music therapy? If so, how did you find out about it?
2. Specifically, are you familiar with the services of the Music Therapy Department in Mostar?
3. Do you feel that there is a need for music therapy in this community? If so, why?
4. What do you think of the effectiveness of the music therapy service in this community? Are there ways that you feel we could improve our services?
5. On a scale of 1-5, what mark would you give the services offered by the Department?
6. What do you think about the mental health care system and social service in BiH? Do you feel it is sufficiently covering the needs of this community?
7. Do you think that there are other forms of therapy existing in BiH that could provide a similar care to music therapy?

8. Do you think that you or somebody in your environment could benefit from therapy, counselling or supervision (for professionals)?
9. Which service would you choose for yourself or somebody else/another person in your care and why?
10. Are you aware of any kind of therapy in BiH that requires a fee to receive care?
11. Would you be prepared to pay a small fee for music therapy, and how much would be appropriate in your opinion?
12. Have you or your institution ever referred a client to music therapy?
13. Are there any other comments you would like to make?

B.2 Interview schedule

These questions formed the basis of an interview schedule for interviews with staff members. Most interviews did not follow this schedule exactly, but all questions were addressed by all of the interviewees at some point during each interview. These are also the questions used to create the questionnaires given to members of staff of Programme B (followed up by interviews with some staff members in order to obtain more in-depth answers).

B.2.1 Questions for music therapists and assistants

1. What is the aim of your programme?
2. How do you accomplish this aim?
3. Why do you think music therapy is important?
4. What do your clients gain from your music therapy programme?
5. What do your clients think about their music therapy sessions?
6. What do your clients like about their music therapy sessions?
7. What do your clients dislike about their music therapy sessions?
8. What difference might your music therapy sessions make in the lives of your clients?

9. Are there any aspects of music therapy that seem particularly difficult for your clients?
10. What barriers, if any, keep your programme from being as successful as possible?
11. Is there anything else you would like to tell or show me?

B.2.2 Questions for therapeutic community music staff

1. What is the aim of your programme?
2. How do you accomplish this aim?
3. Why do you think the community music programme is important?
4. What do participants gain from your programme?
5. What do participants think about your programme?
6. What do participants like about your programme?
7. What do participants dislike about your programme?
8. What difference might your music classes make in the lives of your clients?
9. Are there any aspects of the community music programme that seem particularly difficult for participants?
10. What barriers, if any, keep your programme from being as successful as possible?
11. Is there anything else you would like to tell or show me?

B.3 Parent/carer questionnaire

1. Why does your child/student go to music classes?
2. What is the aim of these music classes?
3. What effect do these music classes have on your child/student?
4. Have these music classes made a difference in your child/student's life?

5. Is there anything else you would like to tell or show me?

B.4 Client questionnaire

1. What are your music classes called?
2. What do you like about your music classes?
3. What do you not like about your music classes?
4. Is there anything difficult about your music classes?
5. Why do you go to your music classes?
6. What do you think about during your music classes?
7. Have your music classes made a difference in your life?
8. What does your parent/carer think about your music classes?
9. What do you think about the person who leads your music classes?
10. Is there anything else you would like to tell or show me?

B.4.1 Simplified client questionnaire

Questions 1–3 were accompanied by Likert-scale-type faces ranging from 1 to 5 (with 1 being the lowest and 5 being the highest). Question 4 was open response.

1. What do you think about your music classes?
2. What does your parent or carer think about your music classes?
3. What do you think about the person who leads your music classes?
4. Is there anything else you would like to tell or show me?

Appendix C

Programme A: Effects on Clients Based on Symptoms

Some of the benefits that have come about over the last six years of working with children using music therapy techniques are as follows:¹

1. Children referred who are withdrawn and emotionally fragile:
 - Increase in expressivity and ability to relate to other children and adults
 - Increase in verbalising and making needs known
 - Increase in self esteem and assertiveness
2. Children referred who act out, are disruptive to others and self destructive:
 - Increase in self-control
 - Increase in effective emotional expression in appropriate ways
 - Increase in positive self-regard and performance in other activities
3. Children referred who are fearful, distrusting and do not interact with others:
 - Decrease in introverted behaviour
 - Increase in ability to reach out to others and create positive relationships
 - Increase in spontaneous expression and positive mood
4. Children referred who carry family and personal shame:

¹This list is taken from Programme A's draft concept paper.

- Elimination of negative and self-destructive behaviours (such as bed-wetting, non-participation in other activities)
 - Increase in positive personal appearance and self confidence
 - Increase in confidence, personal insight and awareness
5. Children with forms of sensory deprivation (e.g. hearing/sight) or hypersensitivity:
- Increase in awareness of environment and their relationship to it
 - Increase in sense of belonging to a community
 - Increase in ability to communicate effectively (speech and body language)
 - Increase in positive personal identity
6. Children referred with delayed development (motoric, communication):
- Increase in organised gait
 - Increase in eye-hand coordination
 - Increase in ability to coordinate gross motor movement
 - Increase in motivation to vocalise
 - Increase in affective expression

Appendix D

Programme C Sample Assessment Form

Name: **Marija**

Gender: **F**

D.O.B.: **16.07.2001**

Date of assessment report : **March 2004**

Primary Dx: **Global Developmental Delay**

Secondary Dx: **N/A**

Presenting characteristics: **Slow motoric development (fine and gross motor skills), communicates mainly through gestures, some single syllable words. Skull bones fused at birth.**

Medications: **No**

Adaptive devices: **N/A**

Positioning considerations: **Marija cannot yet walk independently—just able to take a few steps. Sessions have been carried out sitting on the mat either in a kneeling position or sitting with her legs stretched in front of her.**

Other therapies: **Speech Therapy, Work therapy, Physiotherapy, Psychologist, Defectologist**

Availability of family and other support systems: **Marija has three older sisters in her family, along with her mother, father and grandfather living in the house. She is reported to have both appropriate and normal family reactions. Marija has attended her assessment sessions with her mother towards whom she showed a warm relationship. Marija is increasingly forming her own independence and was able to attend the majority of the assessment with her mother sitting towards the back of the room.**

Current health status: Excellent, **Good**, Average, Vulnerable/Weak

Infection control procedures: **N/A**

KEY:

Y = Evidenced during assessment

X = Tested for during assessment but not evidenced

N/A = Not applicable and/ or tested for during this assessment

FINE, GROSS, AND SENSORIMOTOR BEHAVIOURS

Hearing :

Y Both R and L ear appear to be functioning normally

X Hypersensitivity noticed in hearing (e.g. high pitches and frequencies, loud sounds etc)

X Weakness noticed in R ear hearing and perception

X Weakness noticed in L ear hearing and perception

Y Selective hearing noticed (i.e. physiological impairment does not seem present)

Y Delayed response to sound noticed

Comment: **Marija showed conflicting responses to perceiving sound. At times she was very responsive to sound while at other times she showed no response from both a close and distant range. This mix of responses indicates that she can hear sound in both of her ears but is often delayed in her reaction to these, or pre-occupied upon other external or internal events that draw her attention away from an active listening state. Marija can connect faster with external sounds when she is visually captivated by the object that is producing them—i.e. her**

ears work better in combination with her eyes as opposed to independent aural processing. This shows that Marija is learning a lot about her environment from her visual processing which is more highly developed than her aural processing. The music therapy environment will help her to develop her auditory awareness and aural processing and awareness skills to a higher degree over the coming months and will encourage her to learn just as much about her environment from her ears as she does from her eyes, therefore increasing her sensory input.

Sight : **No apparent difficulty noticed**, Difficulty with distant objects, Difficulty with close objects

Tactile sensitivity: **Actively interested in tactile experiences but not hyper- or hypo-sensitive in this area.**

Describe head support : **Able to independently hold, maintain and manipulate head with full and correct muscle tone and posture.**

Visually focuses on source of musical stimulus for 2-3 seconds when stimulus is presented:

Y Directly in front of client

Y 45 degrees to the right of client

Y 45 degrees to the left of client

Y 90 degrees to the right of client

Y 90 degrees to the left of client

Visually tracks source of musical stimulus as it:

Y Moves from in front of client to 45 degrees right of client

Y Moves from in front of client to 45 degrees left of client

Y Moves from in front of client to 90 degrees right of client

Y Moves from in front of client to 90 degrees left of client

Visually tracks source of musical stimulus as it crosses the midline:

Y From 45 degrees right to 45 degrees left of client

Y From 45 degrees left to 45 degrees right of client

Y From 90 degrees right to 90 degrees left of client

Y From 90 degrees left to 90 degrees right of client

Visually locates source of musical stimulus presented:

Y Above client

Y Below client

Y Behind client

N/A Anywhere in room

Visually orients to source of musical stimulus and:

Y Reaches towards and touches stimulus

Y Grasps stimulus object

Y Shakes object to produce sound for 2-3 seconds or 2 deliberate to and from motions

Shakes instrument for:

Y 10 seconds with right **Y** left hand

Y 20 seconds with right **Y** left hand

Y 30 seconds with right **Y** left hand

X 60 seconds with right **X** left hand

If physically disabled, accomplishes the above items with the use of adaptation: **N/A**

X Grasps objects with palms up

X Grasps objects with palms sideways

Y Grasps objects with palms down

Holds mallet and beats drum:

Y at least 2 times with right **Y** left **Y** hand

X at least 4 times with right **X** left **X** hand

X at least 10 seconds with right **X** left **X** hand

X at least 20 seconds with right **X** left **X** hand

X at least 30 seconds with right **X** left **X** hand

X at least 60 seconds with right **X** left **X** hand

If physically disabled, accomplishes the above items with the use of adaptation: **N/A**

Using two mallets, plays drum:

Y in parallel motion

Y in alternating motion

(with more noticeable difficulty than in parallel)

Using one mallet, plays drum by crossing midline:

X right to left

X left to right

Y Transfers instrument from one hand to the other

X Claps hands

Y Hits sticks together

X Walks at consistent speed (**Not yet walking but able to crawl at consistent speed**)

N/A Stomps feet to specific tempi (**Moves head in time to tempi**)

N/A Marches to specific tempi

N/A Uses body movements to imitate animals or other imaginary activities

X Free/Independent movement around the room

Y Insecurity to move on to another instrument

Y Permission is requested to make use of instruments (**Non-verbal waiting for new instrument**)

X Physically closed/self-protected (e.g. things placed between client and therapist)

X Little awareness of physical control over objects (**Marija does have awareness of how she wants to play instruments but she currently is limited by her physical delays and co-ordination**)

X Little awareness of own movements and actions

X Little awareness of own body and its separateness from environment

Comments: **Marija shows delayed motor planning skills and active motoric delays as well as co-ordination difficulties.**

PSYCHOLOGICAL FUNCTIONING

Coping skills:

Y Demonstrates ease in making transitions

Y Shows empathy towards others

- Y Responds well to redirection of behaviours
- Y Demonstrates healthy range of emotional responses
- X Demonstrates limited emotional spectrum
- X Isolation or withdrawal
- X Emotional state inhibits development of relationship
- X Use of defences (inappropriate laughter, passiveness, over independence, babbling, over willingness to help)
- X Little awareness of other people and effect on them

Overall emotional status : **Marija's current developmental delays are seen to affect the pace at which she shows emotional and psychological reactions but not the style. This means that there is nothing notably pathological in her psychological functioning. Marija shows a healthy range of appropriate emotions that are currently influenced by delayed cognitive reactions for her chronological age.**

COGNITIVE FUNCTIONING

Attention span/concentration:

- Y Attends to tasks for 10 seconds at a time
- Y Attends to tasks for 20 seconds at a time
- Y Attends to tasks for 30 seconds at a time
- Y Attends to tasks for 60 seconds at a time

Participation:

- Y Engages in musical session for 10 minutes
- Y Engages in musical session for 15 minutes
- Y Engages in musical session for 30 minutes
- N/A Engages in musical session for 50 minutes

Ability to follow directions in the music therapy environment:

- Y Performs tasks with manipulation (putting through)
- Y Performs tasks with light physical prompts
- Y Performs tasks with repeated and simplified directions (**Not consistently**)
- Y Performs one-step tasks with simplified directions
- X Performs tasks with 2-3 step verbal directions

Comment: **Marija is still getting use to the music therapy environment, the therapist and the assistant. It is therefore highly possible that her ability to follow directions is much higher than what she is currently showing in this environment and this will continue to be monitored.**

Decision making:

Y Makes decisions when structure is provided with limited options

Y Makes decisions with structure and unlimited options

Y Makes decisions independently

SOCIAL BEHAVIOURS

Y Engages in individual play

Y Engages in parallel play

Y Engages in cooperative play

N/A Engages in competitive play

Y Engages in imaginary play

Y Engages in reciprocal play (**to a limited extent**)

COMMUNICATION BEHAVIOURS

Receptive Language:

X Appears to listen to speaker

Y Watches lips and mouth of speaker (**With physical prompts/visual cues to do this**)

X Turns head to localise source of voice

X Recognises own name

N/A Stops activity in response to “no”

Y Follows some simple verbal instructions

X + Y Demonstrates understanding by making appropriate verbal responses to some requests (Say “hello”) (**Marija did demonstrate the ability to do this upon command of her mother but has not yet done this in the music therapy environment**)

N/A Identifies objects or pictures when they are named

N/A Recognises names of various body parts (mouth, ears, hands)

X Demonstrates understanding by appropriate responses to such action words as “sit

down,” “come here,” “stop that,” etc.

X Demonstrates understanding of distinctions in personal pronouns by appropriate responses to requests such as “give it to her,” “give it to me,” etc.

X Follows a series of 2 or 3 very simple but related verbal instructions

X Understands most complex sentences (e.g. “When she is finished playing the xylophone, then you can play it.”)

N/A Demonstrates an understanding of several action words by selecting appropriate pictures (for example, correctly chooses which picture shows someone eating)

N/A When asked, points to more specific parts of the body (chin, elbow, eyebrow, etc.)

N/A Demonstrates an understanding of word association through functional identification (correctly selects answers to such questions as “What do you eat with?” “What do you wear?” etc.)

Y Understands size differences (correctly selects “the little doll,” “the small book,” “the large bowl,” etc. from a group of similar objects) (**Building Blocks**)

N/A Recognises the names and pictures of most common objects

X Carries out three simple verbal requests given in one long utterance

Expressive Language:

X Makes vowel-like sounds (“a”, “e”)

X Responds to auditory stimuli with vocalisations

X Uses some consonant sounds (“p”, “b”, “m”)

X Uses “O” and “U” vowel-like sounds

X Initiates vocalisations towards others

X Uses gestural language (shaking head for “no”)

X Uses words

X Imitates new words

X Uses 3 to 5 words

X Uses more consonants (“t”, “d”, “w”, “n”, & “h”)

X Imitates 2- to 3-word sentences

X Demonstrates expressive vocabulary of 10–20 words

X Combines words into 2-word sentences

X Uses 3-word sentences

X Uses personal pronouns

X Gives whole name when asked

X Carries on simple conversations

X Verbalises past experiences

Vocal Melodic Behaviours:

X Musical babbling

X Musical babbling with ascending intonations

X Glissando vocalisations

X Discrete pitches

X Small groups of notes

X Repeats half-phrases during same session

X Repeats half-phrases during different sessions

X Sings phrase though not on pitch

X Sings pitch contour of two phrases

X Sings pitch contour of two phrases (8 measures in duple time)

X Sings parts of songs

X Sings parts of song (3 or more half-phrases in sequence) not necessarily on pitch

X Sings whole though generally not on pitch

X Sings whole song (phrases; 8 measures in duple time) not necessarily on pitch

Comments: Marija has been verbally and vocally silent during assessment. The newness of this environment may be partly accountable for this, however this is also predominantly influenced by Marija's current development stage. Marija is seen to be progressing through the path of normal child development but just at a much slower pace and this currently has an effect upon her ability to express language. As with normal child development, speech develops after several other areas of physical, intellectual and social/emotional development have been mastered.

INSTRUMENTAL BEHAVIOURS

Y Plays instrument (e.g. maraca, rhythm bells) by shaking

N/A Plays instrument (e.g. horn, recorder) with mouth

Y Plays instrument (e.g. guitar) by strumming

Y Plays instrument (e.g. wind chimes, guiro) by crossing the midline of the body

Y Plays instrument (e.g. drums) by hitting

Prefers small hand held percussion instruments/Prefers larger instruments/**No clear preference**

Plays **Y** and stops **Y** with presentation and cessation of music

Plays on verbal cue **X** Plays on gestural cue **Y**

Stops on verbal cue **X** Stops on gestural cue **Y**

Plays drum with single mallet **Y**, Mean duration **5** seconds (**Marija is currently more able to play with her hands as opposed to having to hold a mallet and co-ordinate the actions involved with this alongside actual active playing**)

No discernable tempo **Y**

Matches tempi:

X fast

X moderate

X slow

Changes to play faster **X** and slower **X** in response to Therapist-presented music, however tempi are not matched.

Follows accelerandi **X** decelerandi **X**

Imitates playing loud **X** and soft **X**

Plays loud **X** and soft **X** on verbal cue

Imitates playing fast **X** and slow **X**

Plays fast **X** and slow **X** on verbal cue

Imitates 1 **X**, 1-2 **X**, 1-2-3 **X**, 1-2-3-4 **X** serial drumbeats (**Marija has not shown imitation skills on the drum, however did show this with the guiro. Marija has tended to play the drum in her own style outside of direct imitation.**)

X Imitates simple rhythm patterns using quarter notes and eighth notes

Specify rhythms: **N/A**

Y Plays drum using two mallets or sticks

Y Plays guitar:

For mean duration of: **10 seconds**

N/A Using good pincer grasp producing good tone if using pick

N/A Using poor grasp resulting in limited tone if using pick

Y Improvising freely in similar way to therapist (i.e. aware of outside musical input)

X Improvising a rigid manner (i.e. aware of outside musical input but unconfident of own ability to participate)

Y Improvising in own style

Y No discernable tempo

X Own steady tempo

Matching tempi of therapist:

X fast

X moderate

Y slow

Changes to play faster **Y** and slower **Y** in response to therapist-presented music, however tempi are not matched

Follows accelerandi **X** decelerandi **X**

Music Activity Preferences: (rated in order 1-5)

5 Singing

1 Rhythm instrument playing

2 Melodic instrument playing

4 Moving to music

3 Music listening

RECOMMENDATIONS

X Music therapy services not recommended

Y Music therapy services recommended

a. Direct services

Y Individual sessions

X Group sessions

- b. Consultative services **N/A**
- c. Home programming **X**
- d. Other: **N/A**

Location of proposed sessions: **West Mostar Unit**

Recommended length of each session in minutes: **30 minutes**

Frequency: **once a week**

Focused Goals for coming period of work:

Communication: Marija needs to increase skills in non-verbal and verbal communication. To help develop this the following areas will be focused on:

- *Expressive verbal language* Marija will be encouraged to vocalise more freely within the music therapy setting and use her voice to accompany her current actions.
- *Expressive non-verbal language* Over the coming period of therapy the action of pointing will be focused on with respect to helping Marija make her choices known and to interact with others for what she needs. This will be initially worked upon by presenting her with two objects and asking her which one she would like (e.g. “Do you want this (name of object) or this (name of object)?”). Marija will be discouraged from grabbing objects and encouraged to initiate pointing to her desired choice. Physical prompting will be used at the beginning of this work. As she masters this skill, more advanced work in this area will be undertaken in connection with developing her understanding of receptive language i.e. “Point to the drum”, “Point to the clock” etc. and therefore more advanced expressive skills will be mastered.
- *Receptive language understanding* This coming period of therapy will focus upon increasing Marija’s ability to follow one and two-step directions. Phrases that will be addressed include: ‘give me...’, ‘show me...’, ‘touch...’, ‘find the...’, ‘put this on...’, ‘put this beside/next to...’ etc. In this focus area we will also address the identification of the parts of the body.
- *Imitation* Imitation of other people’s actions, including facial expressions, is a child development stage that usually occurs within the first year. This is a partic-

ular area that Marija shows difficulty with in terms of imitating and integrating new movements. Marija needs to increase all imitation skills to be done immediately following the command. If she does not respond within 5–8 seconds, physical prompts or hand-over-hand assistance will be used to show her what to do. At this point, Marija will require physical facilitation to participate in action songs (such as clapping hands etc) and other movements such as waving good-bye. Imitation is one of the skills that is linked to developing social behaviour so impairment in this area is significant part of Marija's developmental picture. Therefore a variety of imitation-based activities will be focused upon in the coming period of work.

- *Motor Planning and Co-ordination Skills* Marija has shown significant delays in being able to plan motor actions and carry out the required co-ordination for this. This would also seem to be part of the picture with her current language delay. It is therefore hoped that once her motor planning skills further advance, so too will her language ability. This coming period of work will therefore focus on a variety of action songs that Marija will be physically facilitated to participate in, leading to planned independent participation.

Nathalie—Music Therapist DipMT, BMus, BA(Psych), Dip Tchg

Appendix E

A Brief History of Bosnia and Herzegovina

Bosnia and Herzegovina is described as containing three distinct ethnic groups: Muslim/Bosniak, Croat/Catholic, and Serb/Orthodox. All three ethnic groups are South Slavs in origin (hence the name Yugoslavia), and divisions between the different groups have not always been as apparent as they are today. This appendix explores some of the origins of these divisions as identified by various scholars, providing a brief account of the history of Bosnia and Herzegovina from the Middle Ages up until the 1992–96 war. The history of Bosnia and Herzegovina from 1992 to the present time is covered in Chapter 5.

This pre-1992 history is significant to this study because it was frequently referred to throughout the 1992–96 war and continues to impact daily life. The beginnings of the strong rifts that now separate various ethnic groups in Bosnia and Herzegovina may be found in the country’s history, and nationalist politicians make regular use of this history (with varying degrees of accuracy) in their attempts to build support for nationalist policies.

E.1 Bosnia and Herzegovina in the Middle Ages

Croatia and Serbia each trace their “rightful” borders back to their time of greatest power, when their borders encompassed parts of modern-day Bosnia and Herzegovina. For Croatia this was in the 10th century under the rule of King Tomislav; for Serbia it was during Stepan Dusan’s empire in the 14th century. Despite such claims to ownership, Bosnia and Herzegovina’s own borders have been more durable through the

centuries than those of either Serbia or Croatia (Donia and Fine, 1994; Glenny, 1992). Bosnia and Herzegovina peaked as an independent state during the 14th century when Tvrtko I crowned himself king in 1377 (Crnobrnja, 1996). This was the last time (until 1991) that Bosnia and Herzegovina would claim independence, although the borders have more or less remained intact since Tvrtko's fourteenth-century kingdom.

Despite ample evidence of various clashes between ethnic groups, diversity has always been integral to the identity of Bosnia and Herzegovina. Bosnia and Herzegovina's three Middle Age religions (Orthodox, Catholic, and the Bosnian church¹) coexisted peacefully up until the five years preceding the Ottoman invasion, when promises of papal protection against Ottoman invasion led the Bosnian King to apply restrictions to the Bosnian religion, saying members could either leave or convert to Catholicism. These three medieval faiths existed in separate areas within the country, which may in part explain the lack of contention between religious communities prior to outside pressure (Bennett, 1995). Despite Tvrtko I's agreement to restrict the Bosnian religion in exchange for support, the Ottoman invasion proved successful, and if anything Tvrtko I's restrictions only contributed to the subsequent disintegration of the Bosnian church.

E.2 Bosnia and Herzegovina under Ottoman rule, 1400s–1878

Bosnia and Herzegovina had no Muslim population prior to Ottoman rule. However, Bosnia and Herzegovina's Muslim population appears to be primarily composed of South Slavs who converted to Islam, rather than Muslims who immigrated into the country under Ottoman rule. Conversions happened between all three religions (Catholic, Orthodox, and Muslim) during the early days of Ottoman rule (Malcolm, 1994). Because Muslims enjoyed certain privileges (e.g. lower taxes, the right to work within the Ottoman state, and protection against law-suits by non-Muslims (Malcolm, 1994)), some historians assume that many local Bosnians converted in order to receive

¹(Malcolm, 1994) provides the clearest explanation I have found of the Bosnian church in the following quote: "[The Bosnian] Church seems to have fallen away from the Catholic Church in the thirteenth century, and to have operated on its own in Bosnia until the coming of the Franciscans, who tried to reassert the authority of Rome, in the 1340s. Thereafter the Bosnian Church competed against the Roman Catholic Church for a century, until its functionaries were either expelled or forcibly converted to Catholicism on the eve of the Turkish conquest" (p. 14). Malcolm goes on to devote an entire chapter to the Bosnian Church within this same publication.

these privileges rather than out of religious conviction. This conversion in exchange for privileges is said to have left a certain feeling of resentment by other Slavs towards Muslim Bosnians (Donia and Fine, 1994).

The Bosnian church disintegrated following the Ottoman invasion, with members joining not only the Muslim, but also the Orthodox and Catholic religions (Donia and Fine, 1994). The modern-day practice of defining ethnicity by religion most likely began under Ottoman rule, which categorised people by religion rather than ethnicity. Over the years, religion and ethnicity became synonymous in Bosnia and Herzegovina.

Most clashes under Ottoman rule appear to have been rebellions by local Muslims against Central Ottoman authority. These clashes were not religiously based, since both groups involved were Muslim. Catholic and Orthodox Bosnians joined their local Muslim counterparts on the rare occasions when they became involved in the fighting.

Fighting did begin between Christians and Muslims in the latter part of the 19th century due to the extensive privileges and rights granted to Muslim landlords by the Ottoman Empire. The lines between the religious communities hardened, and Catholic and Orthodox peasants were increasingly abused by Muslim landlords during these years. Besides granting substantial privileges to Bosnian Muslims, the Ottoman Empire also gave preference to the Orthodox church over the Catholic church, likely because the head of the Orthodox church was in Constantinople and therefore easily controlled by the Ottoman Empire (Donia and Fine, 1994). The unequal treatment of Bosnia's different religious groups took a toll. Many Bosnian Catholics fled the country (Malcolm, 1994), and Donia and Fine (1994) note that by the middle of the 19th century:

Religious affiliation became the source of a host of minor but highly significant differences in dress, cuisine, dialect, oral tradition, folk music, housing style, furnishings, and many other everyday cultural practices. . . Ethnic differences were not yet politicised in the sense that they led to the formation of mass parties or the articulation of elaborate nationalist programmes, but by 1875 Bosnia was without doubt a highly differentiated multiethnic society. (pp. 82–84)

The 1875 peasant revolt, which pitted Christian peasants against their Muslim landlords and Ottoman rule on the issue of tax demands, evolved into an international crisis, eventually leading to the defeat of the Ottoman Empire with the 1878 Treaty of Berlin awarding Bosnia and Herzegovina to Austria-Hungary.

E.3 Bosnia and Herzegovina under Habsburg rule, 1878–1918

Local reception of Habsburg rule varied by ethnicity (religious affiliation). After centuries of rule by the Ottoman Empire where they received the poorest treatment of the three religions, Catholic (Croat) Bosnians welcomed a Catholic ruler. Bosnian Catholics claimed that Bosnia and Herzegovina belonged to Croatia and dreamed of joining together to create a greater Croatia with an anti-Serb policy (Friedman, 1996).

Bosnian Muslims (Bosniaks) were dismayed at the loss of the power they had enjoyed under Ottoman rule, destroying any hopes of Bosnian Catholics (Croatians) that the Bosnian Muslims would react to Habsburg rule by joining them to fight against the Serbs. Orthodox Bosnians (Serbs) were also disappointed, as Habsburg rule brought an end to any hopes of an annexation to create a Greater Serbia (Friedman, 1996).

Some Bosnian Muslims assumed a Croat or Serb identity under Habsburg rule, but maintained their religious or communal relationship with the Muslim faith. Any assumption of a Croat or Serb identity by Bosnian Muslims at this time appears to have merely served practical or political purposes (Friedman, 1996).

E.4 Bosnia and Herzegovina and World War I, 1914–1918

World War I was famously instigated in Sarajevo when the young Serb Gavrilo Princip assassinated Franz Ferdinand, the archduke of Austria-Hungary. Although links between the young assassin and the Serbian government are tenuous at best (Udovički, 1997a), there is no question that Serbs were disappointed when Bosnia and Herzegovina was annexed by the Habsburgs in 1908 since they had hoped to join Bosnia and Herzegovina to Serbia to create a greater Serbia. This unfulfilled desire would serve as a driving force in the 1992–96 war.

World War I within Bosnia and Herzegovina was essentially a civil war. Following the assassination of Franz Ferdinand, anti-Serb sentiment ran high and a number of anti-Serb pogroms ensued in both Bosnia and Herzegovina and Croatia (Bennett, 1995). Austria-Hungary treated Serbs as enemies throughout World War I, sending Serbs to concentration camps and conducting murderous attacks on their villages. Both Muslims and Croats were conscripts in the Austrian Schützkorps militia that conducted

these attacks (Benson, 2001; Crnobrnja, 1996).

E.5 Royal Yugoslavia, 1918–41

Bosnia and Herzegovina was granted to Serbia in April 1915 as part of the secret Treaty of London. Following the war, Bosnian Serbs took revenge on their Muslim neighbours for their poor treatment during the war, with massacres of Bosnian Muslims taking place as late as 1924 (Benson, 2001). Bosnian Muslims were an easier target for retaliation than Bosnian Croats, who were guaranteed to be defended by neighbouring Croatia. Bosnian Serbs may also have viewed the Bosnian Muslim population's service in the Schützkorps militia as a greater betrayal since the Muslims could ostensibly have been Serb allies during World War I.

Between World War I and World War II, Bosnian Muslims were constantly pressured to declare themselves as either Croat or Serb. Most refused to do so, despite having little representation in any layer of government (Friedman, 1996).

E.6 World War II: The Independent State of Croatia, 1941–45

Like World War I, World War II was very much a civil war within Bosnia and Herzegovina (Bennett, 1995; Malcolm, 1994). During World War II, the Croatian Ustaša movement (Nazi allies) declared Croats to be from the pure Aryan race. Bosnian Serbs were sent to concentration camps and forced to wear armbands with a 'P' to mark them as 'Pravoslavac,' 'Orthodox' (Benson, 2001). Croatian Ustaši acts of terror against Serbs were so extreme that even Germans complained about their brutality in July 1941 (Malcolm, 1994). Orthodox priests were murdered along with their congregations. Killings were made public in order to instill fear in the Serb population (Benson, 2001). As they had done with Austria-Hungary during World War I, many Bosnian Muslims allied themselves with Nazi Germany during World War II, creating a Muslim SS division.

Mostar, the city where this research takes place, was an exception to the fighting that consumed the rest of the country (Glenny, 1992; Bose, 2002). Glenny (1992) describes the unique situation in Mostar during the war:

During the Second World War, the Serb, Croat and Moslem population of

Mostar was famous for resisting the temptation of mutual loathing which gripped the rest of western and eastern Hercegovina and the Neretva valley. Mostar Croats saved Serbs, Serbs protected Moslems and communal life revived in Mostar faster than almost anywhere else in BiH after the war. (p. 159)

Josip Broz Tito, the future dictator of Socialist Yugoslavia, gained fame during World War II due to his partisan fighters. The partisan fighters were the only resistance group made up of Serb, Croat, and Muslim individuals. Partisans tried to dampen inter-ethnic tensions; they also viewed and treated women as equal to men both militarily and economically (Friedman, 1996). Tito's Partisans were not as liberally forward-thinking as they might initially appear, however. Deeply communist, Tito ordered purges of the areas liberated by the Partisans through which individuals who might not agree with Partisan philosophy were executed. Similar purges were regularly carried out within the ranks of the Partisans (Malcolm, 1994)

E.7 Socialist Yugoslavia, 1945–91

Josip Broz Tito's Yugoslavia was in many ways the golden age of Yugoslavia, and was a period of time recalled fondly by local residents during fieldwork. Yugoslavians were free to travel throughout most of the world, with the country serving as a link between East and West. The year 1984 was probably the high point for Bosnia and Herzegovina, with the Winter Olympics hosted in Sarajevo. Everything seemed to be improving, from the standard of living to literacy rates. Yugoslavs expressed pride in their nation's diversity (Bennett, 1995).

Tito's Utopia was not without its costs, however. The 'benevolent' dictator ruthlessly murdered anyone who dared oppose him, regardless of ethnicity (Benson, 2001). Poor economic planning contributed to the country's breakdown following Tito's death.

E.8 Disintegration of Socialist Yugoslavia

Ridgeway (1997) identifies three key elements that led to the disintegration of Yugoslavia following Tito's death: "the leadership vacuum; the deep economic crisis; and the absence of liberal traditions, which had much to do with the preceding waves of foreign conquest" (pp. ix–x). Udovički and Torov (1997) echo this statement, noting:

The eight-member collective presidency [that ruled Yugoslavia following Tito's death], one from each of the six republics and two autonomous provinces—proved a weak institution, incapable of reaching a consensus on the pressing economic and political difficulties that were growing worse as the 1980s progressed. (p. 80)

Bennett (1995) considers Milošević's rise to power as integral to Yugoslavia's disintegration, arguing that, despite the economic failings of Tito's Yugoslavia, the country may well have survived. Silber and Little (1996) note that Milošević originally hoped to fill the role left by Tito; when he deemed this impossible he decided instead to pursue the creation of a Greater Serbia, also known as Rump Yugoslavia. Milošević's planned Rump Yugoslavia would expand the state of Serbia's borders to include as much of former Yugoslavia as possible, with the Neretva River serving as a natural border.

Bennett argues that the final blow that fully exposed the cracks in the country emerged through Milošević's talent for propagating ethnic hatred through the media, changing the face of both Serbian and Yugoslav society. Through careful distribution of propaganda by the media, Milošević was able to transform the previously liberal and progressive Serb state into a region intent on eliminating all other ethnicities (Bennett, 1995).

Milošević was not alone in using media propaganda; a similar strategy was used by Franjo Tudjman, who was elected president of Croatia in 1990 (Milošević, 1997). Bosnia and Herzegovina was trapped between two states governed by presidents with nationalist agendas, and "TV studios proved to be colossal laboratories of war engineering" (Milošević, 1997, p. 109).

Bosnia and Herzegovina's government leaders continued to pursue the interests of Bosnia and Herzegovina within Yugoslavia long after other republics left the Yugoslavian ideal to pursue nationalist interests. When Bosnia and Herzegovina finally declared independence, it was declared to be with the aim of preserving the diversity of Bosnia and Herzegovina, as government officials foresaw the danger of Orthodox inhabitants attaching themselves to Serbia and Catholic inhabitants pursuing unification with Croatia.

E.9 Republic of Bosnia and Herzegovina, 1991–?

Bosnia and Herzegovina's first free elections as a republic were held in November 1990. The results of the elections forecast the upcoming war, with nationalist parties succeeding over cross-Yugoslav liberal-reform and reform-communist parties (Chandler, 1999).

On 4 April 1992, Serb forces entered Bosnia and Herzegovina, using force in an attempt to ensure that the country would remain part of Serbia's Rump Yugoslavia. The European Community reacted by recognising the independence of the Republic of Bosnia and Herzegovina on 6 April 1992; the United States followed suit the next day. Bosnia and Herzegovina was admitted into the United Nations as an independent state on 22 May 1992 (Benson, 2001). Unfortunately, international recognition of the state's independence failed to quell the violent rumblings of war.

Appendix F

Bosnia and Herzegovina: Time-line of Events

10th century Croats trace their ownership of Bosnia and Herzegovina back to this time, when it was included as part of King Tomislav's kingdom.

14th century Serbs trace their ownership of Bosnia and Herzegovina back to this time, when it was part of Stepan Dusan's empire

1377 Tvrtko I crowns himself king, marking the height of Bosnia and Herzegovina as an independent state. Bosnia and Herzegovina would not claim independence again until 1991, although the borders of the country remained more or less intact after this date

15th Century–1878 Ottoman rule

1556 Construction of the Mostar Bridge

1878–1918 Habsburg rule

1908 The Habsburg empire annexes Bosnia and Herzegovina.

1912–1913 Balkan Wars, which include the ethnic cleansing of the Muslim population especially.

28 June 1914 Franz Ferdinand, heir to the Austro-Hungarian throne, is assassinated in Sarajevo by a Serb student, beginning the First World War

1918–1929 The Kingdom of the Serbs, Croats and Slovenes

June 1928 A Serbian deputy assassinates the leading Croat statesman in Parliament. King Alexander reacts by establishing a royal dictatorship, renaming the country as Yugoslavia, and working to create a national sense of Yugoslavism.

1929–1941 Royal Yugoslavia: Kingdom of Serbians, Croats and Slovenes

1941–1945 World War II sees Yugoslavia renamed the Independent State of Croatia; Croatia allies itself with the Axis

1945–1991 Socialist Yugoslavia, headed by Tito until his death in 1980

1948 Yugoslavia breaks with the USSR

1961 Yugoslavia becomes a founding member of the Non-Aligned Movement

1963 A new constitution makes Tito president for life

4 May 1980 Tito dies. A collective leadership system established by Tito prior to his death rules Yugoslavia

1983 The Yugoslav government admits publicly that the country is in crisis

1984 Winter Olympic Games in Sarajevo

1988 The Yugoslav economy is in extreme crisis

1991–? Republic of Bosnia and Herzegovina

12 November 1991 Bosnia's president, Izetbegović, warns that total war may break out and requests UN peacekeeping forces.

20 December 1991 Bosnian presidency requests diplomatic recognition from the European Community

21 December 1991 Bosnian Serbs proclaim the creation of the Serbian Republic of Bosnia and Herzegovina

22 December 1991 Izetbegović requests UN peacekeeping forces along Bosnia and Herzegovina's borders. The UN does not respond.

1992–96 War in Bosnia and Herzegovina

9 January 1992 The Bosnian Serb minority declares the independence of the Serbian Republic of Bosnia and Herzegovina

29 February–1 March 1992 The Bosnian Presidency holds a referendum in which 99.7% of the 63.4% of eligible voters who vote in the referendum request independence. Bosnian Serbs boycott the election, having held their own referendum 9–10 November 1991.

4 April 1992 Serb militia forces backed by the Yugoslav National Army ground and air forces launch attacks on Croat and Muslim settlements throughout Bosnia and Herzegovina, beginning ethnic cleansing.

6 April 1992 The European Community recognises the Republic of Bosnia and Herzegovina

7 April 1992 The United States of America recognises the Republic of Bosnia and Herzegovina

22 May 1992 The United Nations recognises Bosnia and Herzegovina as an independent state.

30 May 1992 The UN Security Council votes to impose trade sanctions on Serbia.

August 1992 The European Community convenes the London Conference, where the territorial integrity of Bosnia and Herzegovina is identified and Serbia and Montenegro are identified as aggressors. There is a call for the introduction of UN peacekeeping forces.

November 1992 The number of refugees rises to 1.5 million, roughly one third of the population of Bosnia and Herzegovina

2 January 1993 The Vance-Owen peace plan is rejected by Bosnian Serbs 5–1.

9 November 1993 Destruction of the Mostar Bridge

1994 The number of casualties rises to 200 000, with over 500 000 displaced persons.

February, 1994 Fighting stops in Mostar but ethnic tensions continue; NATO's first use of force is recorded when NATO jets shoot down four Serb aircraft flying over central Bosnia

18 March 1994 Muslims and Croats sign a US-brokered peace agreement

12 October 1995 Ceasefire throughout Bosnia and Herzegovina

4 December 1995 First NATO peacekeeping troops arrive

14 December 1995 Dayton agreements signed in Versailles

20 December 1995 The UN officially turns over peacekeeping duties in Bosnia to NATO

23 July 2004 Mostar Bridge reopened

2 December 2004 EU takes Bosnian peacekeeping duties over from NATO

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